National Institute on Alcohol Abuse and Alcoholism

THE WHOLE COLLEGE CATALOG ABOUT DRINKING

a guide to alcohol abuse prevention

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE • Public Health Service • Alcohol, Drug Abuse and Mental Health Admin

THE WHOLE COLLEGE CATALOG ABOUT DRINKING

U.S. DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE
Public Health Service
Alcohol, Drug Abuse, and Mental Health Administration

National Institute on Alcohol Abuse and Alcoholism
5600 Fishers Lane
Rockville, Maryland 20852

Publication No. (ADM) 76-361 PRINTED 1976

tion of copyrighted material in this volume
ot place it in the public domain; further
ıction is prohibited without permission of the
ht holder.

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402 - Price $2.15
Stock No. 017-024-00515-1

CONTENTS

Page

Preface x

Members of the Editorial Board xi

Purpose of the Whole College Catalog xii

PART ONE. FACTS AND FIRST STEPS: A PROGRAMING OVERVIEW

I. What's Happening and Why Bother?
(Alcohol: A Two-Sided Issue) 1
University 50 + 12 Project 2
Attitude and Behavior Findings 2
Why Do Prevention Work at the College Level? 4
Conclusions 4

II. What Do We Know?
(Basic Facts) 6
Ethyl Alcohol 7
How Does Alcohol Act in the Body? 7
Sobering up 8
Hangover 8
Alcohol and Other Drugs 9
The Drinking Scene 9
Where Does All This Leave Us? 9

III. How Do We Get Started?
(Needs Assessment and Planning) 11
Gathering Data 11
Establishing Priorities 11
Planning Prevention Strategies 12
Identifying Resources 12
Cultivating Support of Key Personnel 12

IV. How Do We Do It?
(Implementation) 13
General Principles to Keep in Mind 13
Organizational Options 14
Problem-Solving Methods 15
Tools and Techniques 16
Media Utilization 17

V. Who Can Help Us?
(Resources) 20
Basic Information and Ideas 20
Additional Materials 21
Financial Resources 21

VI. How Do We Tell if It's Any Good?
(Evaluation) 25
Why Should the Program Be Evaluated ? 25
What Is Evaluation Anyway? 25
How Do We Develop a Program Evaluation? 26
What Data Should We Gather? 26
What Indicators of Success Can We Use? 27

VII. What if Someone Has a Drinking Problem?
(Intervention and Referral) 28
What if Someone Is Drunk? 28
What Can We Do to Help a Person With a Drinking Problem? 29

PART TWO. PROJECTS: IDEAS AND REALITIES

VIII. What Can We Do?
(Project Ideas) 33
Personal Development 34
Environmental Change 34
Categorical Overlap—A Word of Caution 34

Specific Strategies 35

Specific Strategies – Personal
Alcohol Information Dissemination 36
Alcohol Awareness Campaigns or Days 37
Symposia 37
Film Festivals 37
Speakers Bureau 37
Drug Analysis Centers 37
Role Modeling 38
Academic Courses 38
Seminars 38
Individual Research 38
Workshops Focusing on Drinking Attitudes 38
Small Group Educational Programs 39

Peer Counseling/Peer Alcohol Educators 39
Volunteer Projects 39
Breathalyzer Campaign 39

Specific Strategies - Environmental
Changing the Cultural Meaning of Drinking 40
Transportation for Off-Campus Drinking 40
Pleasure Enhancement Ideas 40
Freshmen Orientation 43
Student Handbooks 43
Drinking Policies and Regulations 44
Living Unit Programs 44
Alcohol Use and Abuse Surveys 44
Student Jobs 44
Serving Alcohol on Campus 45
Modification of Community Drinking Environments 45
Programs to Get Intoxicated Persons Home Safely 46
Bartender Training 46
Lobbying for Changes in Liquor Laws 46
Police Training 46

Nonspecific Strategies 47

Nonspecific Strategies—Personal
Creativity Building 48
Physical Activities 48
Enjoying Another Person 48
Meditation 48
Biofeedback 48
Values Clarification 49
Assertiveness Training and Power Needs 49
Exploration of Human Sexuality and Sex Roles 49
Activities Directed at Isolated Students 50
Team Building 50
Intramural Sports and Games 50

Nonspecific Strategies – Environmental
Humanistic/Affective Education 51
Enriching Student Jobs 51
Creative Outlets 52
Student Services and Opportunities for Volunteerism 52
Alternate Social Events 52
Community Services and Activities 52
Improving Relations Between the College and the Community 52
Community Volunteer Efforts 52

IX. What About Nonresidential Schools?
(Community and Commuter Colleges) 53
Community (Junior) Colleges 53
Commuter Colleges 54
Strategies 54

X. What's New?
(Recent Programs and Projects) 56
University of Massachusetts: Demonstration Alcohol Project Description . . 56
Southern Methodist University: Student Senate Resolution — Motion to Establish an Alcohol Education Committee 58
California Polytechnic State University: Survey of Alcohol Use 59
Moorhead State University: Alcohol Awareness Program 63
Indiana University: Alcohol Education Task Force/Student Alcohol Questionnaire 64
South Carolina: School of Alcohol and Drug Studies 69
Florida Technological University: Alcohol — A Symposium on the Pleasures and Problems 71
University of Washington: Map of "Haunted by Spirits" Exhibit 75
University of Wisconsin: Drug Information Center 76
Morgan State University: Drug Information Center 76
University of Notre Dame: Campus Drinking Establishment and Bus Service for Off-Campus Drinking 77
Kent State University: Proposal for a Free Breathalyzer Service 77
Mental Health on Tap in Racine's Saloons 79
University of Colorado: Developing Alcohol and Drug Programs to Assist in Handling Behavior Problems 79
University of Puerto Rico: Educational Experiences Focusing on the Prevention of Alcohol Problems 80
University of Delaware: Procedures for the Treatment of Employees Whose Use of Alcohol Affects Their Job Performance 80
Haskell Indian Junior College: Alcohol Education Prevention and Treatment Program 82
Louisiana State University: Committee on Responsibility in Drinking 83

APPENDICES

Appendix A — *Examples of Training Programs and Courses Offered* 85
University of Massachusetts Training Program for Peer Counselors 86
University of Massachusetts Training Program for Peer Alcohol Educators . . 89
University of California at Berkeley—"Alcohol and Other Drugs: Prevention and Social Policy Issues" 91
University of Wisconsin at Madison—"Social Work 453" 91
Rutgers University—Livingston College—"Introduction to Alcohol Programs" 93
"Offering the Wine 'n' Dine Program" 95

Appendix B — *Examples of Media Materials: Poster, Pamphlets, Films* 97
Poster Created by North Philadelphia Student Demonstration Project 98
California Polytechnic State University—"If You Choose to Drink, Drink Responsibly" 99
University of Texas — "What is Responsible Drinking?" 101
University of Michigan — "About Drugs Again" 103
Films 107
Trigger Films 108

Appendix C – *Alcohol Facts and Ideas* 109
National University Seminar Student Panel 110
Alcohol-Drug Interactions 112
What Is the Alcohol Content of Beer in Your State? 115
The Meaning of "Proof" 116

Appendix D – *Recipes* 117
Party Recipes 118
The Counter Cocktail 119
Cooking With Wine and Beer 120

Appendix E – *References and Resources* 122
Selected References 123
State Alcohol Agencies 124
State Prevention Coordinator Program 127
Summer Schools of Alcohol/Drug Studies 127
Drug Dependence Institute 128
Area Alcohol Education and Training Programs 129
Alcohol Industry Publications 129

PREFACE

"I would like to think that most people can drink in a gracious and joyful way, and that they can do it with some kind of reasonable moderation. There may be people who simply can't and shouldn't drink, and it's up to them to decide that early in life on the basis of their own experience."

Thus spoke Father Theodore Hesburgh to students and faculty from around the country in November 1975 at a meeting held to review the contents of this *Whole College Catalog.* The University of Notre Dame president went on to call alcohol abuse "one of the great enormous problems of our times," and spoke of two illuminating experiences from his own life. The first involved his learning how to drink in a "civilized manner," mostly with meals, while studying in pre-World War II Italy. He recalled that in 3 years in that country he saw only three people drunk – and two of them were Americans! (And he had seen hundreds of thousands of Italians during those 3 years.)

The second incident involved a law student he knew at Notre Dame after the war. Every time this fellow would go downtown at night he would inevitably come back to the residence hall in an intoxicated state; and usually someone had to put him to bed. On one particular occasion it was Father Hesburgh who gave assistance and, in parting, asked the student to see him the next day. The following morning the student arrived looking a bit sheepish and expecting a stern reprimand. Instead, he was asked what he wanted out of life. The student responded that he wanted to be a successful lawyer, have a good marriage, and be a good father. Father Hesburgh then asked "Okay, do you know what you are right now?" The student said, "Yeah, I'm a law student at Notre Dame."

"No, beyond that. If I think of your name, one thing comes to mind: *perpetual drunk.* You never leave this campus except that you come home like you did last night and you're a cause of difficulty for everybody who knows and likes you. I'd just like to ask you three questions. Have you ever known in your whole life a successful lawyer who has been a drunk? You know, a chronic drunk the way you are? And do you know any successful marriage where the husband has been a chronic drunk? And finally do you know any father of children, who has been a good father, who has been a chronic drunk?"

The student had to admit that the answer was "no" to all three questions.

"Well, you just got through telling me what you wanted to be, and then you tell me that you don't know anybody who can be that if he's like you. I think there's something goofy in your life that you better sort out because you're acting in a way that makes it impossible to be what you want to be."

These two experiences of Father Hesburgh illustrate some important points about alcohol abuse as it relates to American society and to us as individuals. While drunkenness and the accompanying social damage are perhaps not unique to the United States, they do tend to be more prevalent and destructive in this country than in many others. Fortunately, there are societies where individuals have learned to use alcohol in a mature, nondestructive, "gracious and joyful" way. We can look at these cultures and perhaps find help for our own future.

Despite what we see on television and read in magazines, drinking does not solve our problems – it is not the key to success and happiness. For those of us who have set personal goals and who seek human dignity and happiness, it might be well worthwhile to reexamine our use of alcohol and our behavior, as well as that of those we love, to see if there is something "goofy" in *our* lives.

This Catalog is dedicated to that reexamination.

Editorial Advisory Board

for

The Whole College Catalog About Drinking:

A Guide to Alcohol Abuse Prevention

Rachel E. Bell
Student, Business Education
Texas Southern University

Thomas G. Goodale, Ph.D.
Dean for Student Services
University of Florida

David P. Kraft, M.D.
Staff Psychiatrist
University Health Services
University of Massachusetts

Paul Leung, Ph.D.
Associate Professor
College of Education
University of Arizona

Susan K. Maloney
Graduate Student, Public Health
The Johns Hopkins University

Brad Martisius
Student, Journalism
Michigan State University

Diana R. Merten
Student, Economics and Philosophy
University of Notre Dame

Henry Wilcox
Student, Community Education
Federal City College

Prepared by
Keith Hewitt
National Clearinghouse for Alcohol Information of the
National Institute on Alcohol Abuse and Alcoholism

PURPOSE OF THE WHOLE COLLEGE CATALOG

The purpose of this Whole College Catalog is to encourage fresh thinking and experimentation regarding alcohol abuse prevention. The aim was to make it as comprehensive, interesting, understandable, provocative, and last but not least, as useful as possible. Each section is a separate unit that can be used independently to meet distinct needs. The ideas and program concepts found in these pages were contributed by students and staff from various colleges around the country; not all are necessa endorsed by the National Institute on Alcohol Ab and Alcoholism.

The College Catalog does not pretend to give final answers. The best programs will be the ones t you develop. Some of the efforts described here w not complete successes; others are just getting unc way. The important thing is that different approac are being tried and that we can learn from e other's experience. Use any part of this Catalog t you feel appropriate or that fits the needs of y college community. Good Luck!

PART ONE
FACTS AND FIRST STEPS:
A PROGRAMING OVERVIEW

Alcohol: A Two-Sided Issue

"Drinking is O.K., but getting smashed and kicking in walls is not okay. Social norms say it is not only okay to get smashed; you're supposed to. That's just not intelligent or sensible."

"I see a number of kids drink until they black out at night and then start drinking again in the morning. We're so used to it being a normal part of life that we don't recognize the alcoholic."

"Everybody is driving you to 'Come on drink, drink.' But you also do it because you want to get drunk, and at the particular moment it is socially acceptable to get plastered out of your mind."

"Getting drunk isn't just socially acceptable here – it's encouraged."

These comments come from numerous college articles written on alcohol and the campus. The views expressed make it appear that today's drinking population probably understands alcohol and its effect no better than people did 2,000 years ago.

Alcohol has been a source of both pleasure an destruction since the beginning of mankind. It h been commended through the ages as a source relaxation, pleasure and conviviality, nourishing t body, restoring and preserving health. Yet history also a long and sad chronicle of the destruction whic the irresponsible use of alcohol has wrought upo individuals, families, and societies.

In the United States, alcohol abuse was problem as early as 1619. The Massachusetts Ba Colony punished drunkenness by whipping, fines, an confinement in the stocks. At times, total abstinenc has been sought as the solution, as with the 18t amendment to the U.S. Constitution. This amen ment, passed in 1919, made it illegal to manufactur or sell any alcoholic beverages in the United State The law emotionalized drinking, produced a cor tempt for the laws of the land, and helped financ

organized crime. During its 14 years of existence this law probably did more harm than good for the drinking issue. Temperance leaders were rebuffed in 1933 when the law was repealed.

Since the number of drinkers in the United States has increased noticeably since 1940, it is not surprising that the drinking frequency among young people increased greatly between 1970 and 1973. *The Second Special Report to the U.S. Congress on Alcohol and Health* from the Secretary of Health, Education, and Welfare, reveals that a substantial proportion of teenagers drink. Furthermore, a larger proportion of drinkers is consistently found in the younger age groups – 21 to 24 years. Campus surveys report that from 71-96 percent of college students drink.

This does not imply that the college population is composed of alcoholic persons or problem drinkers. It does mean that there is a substantial number of young people drinking who give very little thought to what their use of alcohol can mean in terms of alcohol-related disruptions and costs. As the *Second Special Report on Alcohol and Health* states, "The wide range of devastating problems associated with the use of alcohol all relate to excessiveness, not moderation, to misuse, not responsibility." Moderation is the key.

Many of us are aware of people on campus whose use of alcohol, whether continuous or periodic, results in behavior that disrupts their relationships with school, family, or society. Whether this abuse is manifested in vandalism, fights, driving while drunk, or health problems, it can have an impact on all of us. And, in turn, our own actions while drinking can cause difficulties for ourselves and those around us.

Look for a moment beyond the campus and consider where prolonged ignorance and neglect of alcohol problems have brought us as a society.

- Persons with alcohol problems now number an estimated 10 million.[1]
- At least 36 million Americans can be regarded as caught in the web of alcohol abuse – unhappy marriages, broken homes, desertion, divorce, impoverished families, deprived and displaced children, etc.[2]
- About one-third of fatally injured adult pedestrians have a blood alcohol concentration (BAC) of 0.10 percent or higher.[1]
- About 45 percent of all fatall drivers have BAC's of 0.10 or more
- An association with alcohol has b in 64 percent of all murders.[1]
- An association with alcohol recorded in 41 percent of all assaul
- An association with alcohol has b in 34 percent of all forcible rapes.[1]
- Alcohol figures in approximately c all arrests in the United States.[2]
- One-third of all suicides are alcoho
- Alcohol misuse and alcoholism American society an estimated $ annually in lost production, h medical costs, property damage, w criminal justice systems costs.[2]

The numbers speak for themselves. many people will read the statistics and s heads? How many of us will see or hear accident caused by alcohol abuse and comm that could never happen to me." How m inducement do we need before we reco seriousness of the problem and the way it many of today's human and social concerns:

University 50 + 12 Project

The impetus for this *Catalog* came from carried out by the National Institute or Abuse and Alcoholism (NIAAA) du 1974-1975 school year. The "University project involved visits to one college or uni each of the 50 States, plus 12 minority an institutions. The objectives of the project we

- To gather information about drinl tices and attitudes on the campus a existing programs and needs in this
- To disseminate information about alcohol use, and alcohol abuse;
- To encourage the university comn focus on the issue of alcohol use a and to stimulate new education anc nication efforts.

Attitude and Behavior Findings

Most colleges visited saw alcohol ab serious problem on the campus in terms o drunkenness and the social, physical, and damage or injury that resulted. Appro 15 percent of the schools visited had already involved in alcohol education or abuse pr activities but the vast majority were looking and guidance. They wanted to know wh universities were doing. In part, the *Catal* attempt to satisfy that need.

Some schools expressed little concer drinking on campus and other schools felt th problem but did not know how to take a

[1] National Institute on Alcohol Abuse and Alcoholism. *Alcohol and Health: New Knowledge,* 1974. DHEW Publication No. (ADM) 75-212. Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, 1975.

[2] National Institute on Alcohol Abuse and Alcoholism. *Facts About Alcohol and Alcoholism.* DHEW Publication No. (ADM) 75-31. Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office, 1974.

minimize the problem, but it was clear that often alcohol abuse – because of its very commonness – remains a hidden problem. Antisocial behavior, which if committed by a sober person would *never* be tolerated, is often readily accepted if the person is drunk. Probably the greatest impediment to action on the problem on many campuses is that drunkenness is looked upon as normal, and thus, it tends to be an accepted state of affairs.

Another problem encountered at some schools is the tendency to focus solely on alcoholism, totally blocking out any recognition of other aspects of alcohol use and abuse. At health centers a common comment was that very few persons had "reported to the health center" saying they were alcoholic. This was no surprise, of course, and it was stressed that no one was suggesting that alcoholism was rampant on the campus. (It is interesting to note however, that student AA chapters had been established at at least two universities.)

But, again, a majority of the schools did see the need to do something.

It was within the residence halls that the problem of alcohol abuse was most acutely perceived – creating a great interest in initiating educational efforts and learning about counseling techniques. Often the concern of the staff involved such simple things as, "When an intoxicated student vomits, who cleans it up, the resident assistant or the student?" Also, many residence hall staff found themselves in a quandary in regard to the conflict between the practice of drinking in the dorms and the law (or the university policy). At Indiana University, for example, where the legal drinking age is 21, a survey reported that 81.4 percent of freshmen and 88 percent of sophomores drank alcoholic beverages. At most schools where this was an issue, residence hall assistants stated they looked the other way unless it got "out of hand."

Many schools had tried alternative social activities where alcohol was not present but they had generally been unsuccessful. At one college where alcohol had, in fact, been forcibly banned from the residence halls, one staff member indicated that this action had virtually eliminated all social life in the dorms and had negatively affected staff/student relationships.

Many of the people interviewed substantiated the thesis that there had been a switch from other drugs to alcohol over the last few years and that there had been an increase in alcohol use and abuse. More graphically, a survey printed in the *Maine Campus* at the University of Maine in May 1974 gave the following results:

Question: "Do You Drink Alcoholic Beverages?"

	1968	1969	1970	1971	1972	1973	1974
Yes:	76.1	81.1	82.7	88.3	83.5	88.5	92.2
No:	18.6	18.6	17.3	11.4	16.5	10.5	7.1

This trend is not present at all schools. For example, at the University of Massachusetts at Amherst, a 1971 survey reported that 92 percent of the undergraduates drank more than twice a year while this figure dropped to 90 percent in 1974. The various surveys encountered during the campus visits showed that 71 to 96 percent of college students drink at least occasionally. At most schools the range was from 87 to 93 percent.

The surveys also indicated that moderate-to-heavy drinking was relatively common. At the University of Minnesota a survey indicated that 26 percent of male students drank beer at least "three or four times a week," and approximately 10 percent drank beer every day or nearly every day. At the same school 16.9 percent of the males consumed at least five servings (12 oz. of beer, 5 oz. wine, or 1½ oz. of liquor) at a sitting, while only 3.3 percent of the female students consumed five servings or more.

At the University of Massachusetts at Amherst, 65.6 percent of the students surveyed indicated that they had been "drunk" during the past month. At California Polytechnic State University, 20 percent of those surveyed said they drink "frequently or occasionally to get drunk," and 35 percent "to get high." Another interesting statistic was that 46 percent of the students said that an occasional drunk is "okay as long as it doesn't interfere with grades or responsibilities," and 28 percent felt that "it's nobody's business how much anyone else drinks as long as he or she doesn't bother anyone." (This entire survey is reprinted beginning on page 59.)

The feelings of large numbers of students that drinking and drunkenness are acceptable or even "second-nature" behaviors seem to support the need for positive and low-key program approaches to curb abusive use of alcohol. And indeed, the schools that had already begun projects agreed with this approach – some to the point of thinking it best to put the main stress on making alcohol information available.

Another positive but more activist approach was represented by those universities that decided to allow alcohol to be served on campus while maintaining some control over where and how it was

consumed. For example, many of the "pubs" in student unions were well run and generally represented an environment which discouraged getting intoxicated (or which at least discouraged drunken and unruly behavior). At the University of Notre Dame, a "senior bar" was renovated under the auspices of the Office of the Dean of Students, and at the time of our visit it was running smoothly (which was not the case before the renovation).

Thus it would seem that where "alcohol on campus" is an issue, there should be less attention given to the pro and con, and more to the *how* and *where* alcoholic beverages can be served to discourage alcohol abuse.

Why Prevention Work at the College Level?

It has been suggested that prevention programing at the college level is not worthwhile because drinking attitudes have already been established by the time a person enters college. This is probably true in most cases, and in fact a recent study by Drs. Shirley and Richard Jessor of the University of Colorado confirms that alcohol use is almost universal on the college campus. The Jessors point out though that, while the decision to drink or not to drink has already been made by most college students, the choice of *how to drink* remains. They have suggested that campus prevention efforts should focus on providing "good role models for learning how to be responsible drinkers."

Other reasons for doing prevention work at the college can be summarized as follows:

- Drinking problems do exist on the campus. The above study by Drs. Jessor showed that about 1/3 of their sample of college students had had drinking problems during the previous year in at least two of the following areas: frequent drunkenness (5 or more times), social complications such as censure from family and friends, difficulties with school work, trouble with the law, or driving after having had too much to drink.
- Prevention means much more than just changing attitudes. Modifications of the social environment, for example, can do much to encourage responsible drinking behavior and to reduce alcohol related destruction.
- College graduates have a tremendous influence in society. It's really a chicken and egg argument: in order to get to the children we first have to get to the parents, the teachers, and to those who set our societal priorities (i.e., college graduates).

Conclusions

Getting the attention and participation of students will not be easy. They are not worried about alcoholism, nor with the long-term effects of heavy drinking. As one dean said, students at this age feel relatively indestructible, and discussions about what they might be feeling in 20 (or even 10) years are not too meaningful to them. Some faculty and staff members may also resist attention to alcohol problems because of their own drinking patterns.

As noted, people generally do not see anything wrong with getting drunk. But here arises a semantic problem. To some the word "drunk" has very negative connotations; it implies aggressive, slovenly, anti-social behavior. But to others it appears not to. There seems to be a very thin line between getting "high" and getting "drunk," and if not viewed by all as okay, intoxication is at least seen by most as relatively innocuous. Yet, if we focus on some of the negative *behavioral* aspects of intoxication, everyone usually condemns them. Most people when questioned will agree that driving when drunk is wrong, that beating up a friend or abusing a child when intoxicated is wrong, and that a person who gets drunk on Friday and doesn't sober up until Monday definitely has a problem.

So all this leaves us faced with the basic, two-sided issue: How can the two countervailing realities of alcohol – the widespread use and widespread misuse, the pleasure and the destruction – be reconciled? WHAT IS THE ANSWER?

Certainly prohibition is not the answer. Why? First, it doesn't really solve the above dilemma. Second, based on historical experience it simply doesn't work. Third, and most important, prohibition misses the point: There is nothing "evil"– or "good"– about the substance alcohol. It makes as much sense to say a rock is "bad" as it is to say alcohol is bad. Rather it is only each particular human use of alcohol that can be viewed as beneficial or detrimental.

The answer then – and it is really more of a challenge than an answer – is to create an awareness of the risks and consequences of alcohol abuse and to create projects and programs which will *prevent* or at least minimize these negative aspects. This is really what we mean by prevention.

When confronted with the facts, most students are interested and concerned. Often it is the first time they have thought about or really focused on the alcohol issue. The annual $25 billion economic cost, the association of alcohol with crimes of violence, the figures dealing with alcohol and death on the highways, etc. – these are staggering realities of which students are generally ignorant. Facts by themselves may not change behavior, but they can make people aware of the magnitude and ramifications of alcohol abuse in our society and may lead to reduction of the

toll that alcohol abuse takes. It would appear, then, that the development of a consensus in regard to behavioral standards within groups on the campus is not as hopeless as it might seem.

One conclusion a person reaches after visiting 62 universities is that never has so little been said or so little been done in response to a problem which hurts so many so deeply. There truly seems to be, as Nevitt Sanford wrote in *Where Colleges Fail*, a "general conspiracy of silence." In view of the widespread devastation associated with alcohol abuse, it is particularly ironic that at almost every campus visited students were quick to point out how *Playboy* or *Penthouse* ranked their college as the top drinking school in the Nation in such and such a year. It is truly a source of pride to them.

But looking at alcohol abuse and its related human and social devastation is only one side of the coin. The efforts we initiate must allow for – or even enhance – the responsible aspects of drinking for those who choose to drink, while fully respecting and reinforcing the prerogative of those who choose to abstain. As the old song goes, we have to "accentuate the positive," and not allow our project initiatives to become a series of "no's." Such negative approaches are doomed to failure.

Thus *The Whole College Catalog About Drinking*. This is an idea book, one which was developed to focus on the issue, to make us think, and to suggest some tentative strategies for affecting the problem. The goal should be that, upon graduation, today's students will know a little more about alcohol than how to chug-a-lug, or how their alma mater ranks in a drinking poll. They should know what alcohol is, how it acts in the body, and what a serious national issue its abuse represents; and they should have reexamined their own drinking attitudes and behavior. Approached with patience and facts, and without moralizing, this goal is achievable.

Basic Facts

Or more precisely, what do we *know*, what do we *think* we know, what *don't* we know, and what concepts are we trying to get across? We've noted that alcohol has been used by man since ancient times, and it has provided pleasure and created problems for equally as long. Yet myths and misconceptions surrounding its use – and abuse – continue to abound.

For much of history, drinking has been closely tied to ethical, moral, and religious considerations. The drinking issue has raised heated questions, and it has divided societies. Against this background of ignorance, deepseated values, and long-held beliefs, it's not surprising that much of what has been said or written about alcohol has been self-serving and a distortion of the facts. And despite increasing research and new knowledge in recent years about alcohol, as one scholar has observed, "Man has an incredible talent for processing new facts in such a way that his prior conclusions remain intact."

So if we're going to get started on a program that is truly effective, we'll have to use an approach that cuts through the persistent prejudices and conventional wisdom that surround the subject of alcohol. And we'll have to do it in a way that avoids redrawing the same old battle lines that follow the exclusively "pro" and "con" approaches to discussions about drinking. We'll also have to skip the moralizing and scare tactics that cause people to turn off and tune out.

What's the alternative? As a basis for our activities, we can be honest about what we know and don't know. We can try to reach people on the basis of one concerned human being caring for another and concentrate on providing people with the knowledge they need so they can make their own (hopefully responsible) decisions.

Let's start with some basics about alcohol – what it is, how it works, what its effect is – and don't start yawning yet, because we'll include a number of

facts that may surprise a lot of people who *think* they're pretty knowledgeable about drinking (which includes, unfortunately, just about everybody).

Ethyl Alcohol

Ethyl alcohol (chemical formula CH_3CH_2OH) is the active and desirable (for many) ingredient in distilled spirits, beers, and wines.[1] It provides little of the taste, but all of the intoxicating effect of alcoholic beverages. Strictly speaking, it is a food because it contains calories; however, it has no nutritive value. Alcohol is a natural substance formed by the reaction of fermenting sugar with yeast spores. Different alcoholic beverages are produced by using different sources of sugar for the fermentation process – beer from malted barley, wine from grapes or berries, whiskey from malted grains, vodka from potatoes (sometimes) or grain (usually), rum from molasses, and tequila from agave (a cactus-like plant). American beers contain from 3 to 6 percent alcohol by volume. Dinner wines such as Beaujolais or Chablis usually contain about 12 percent alcohol. Dessert and appetizer wines such as sherry and port are made by the addition of pure grape brandy to wine to stop fermentation and produce certain desired qualities. Their alcohol content ranges, in general, from 17 to 21 percent.

Another process for raising the alcoholic content is distillation. Distilling is possible because alcohol has a lower boiling point than water. The fermenting mixture (the mash) is heated, and the vapor it gives off (with a higher proportion of alcohol) is then cooled into a liquid with higher potency. Distilled beverages like whiskey, vodka, rum, and tequila typically range from 40 percent (80 proof) to 50 percent (100 proof) alcohol. (See page 116 for some background about proof.)

Now here is what many people don't realize: Drinks which contain the same amount of alcohol will have a similar effect on the drinker. That is, a 12-ounce can of beer, an average 4-ounce glass of wine, or a highball or cocktail with an ounce of 100 proof alcohol, all contain about one-half ounce of alcohol – and, other things being equal, will pack about the same punch. (So much for that old myth about beer as "the beverage of moderation!")

How Does Alcohol Act in the Body?

Let's face it: Young or old, we're Nation of drug takers. We take drugs to get up, and we take drugs to come down. We take them to help us feel better and to avoid feeling worse. Mention drugs and nearly everyone would place them high on the list of American concerns over the past 10 years. Yet, young or old, when we talk about our drug-oriented culture we seldom think about the Nation's number one drug: alcohol. It's the most used and most misused drug and is related to more human, economic, and social devastation than all the other drugs combined. Fully two-thirds of all American adults use alcohol, while one-third abstain entirely. But when the 100 million American drinkers take this drug alcohol, comparatively few recognize that they are introducing a central nervous system depressant into their bodies.

Depressant? What about those people who drink and change from being quiet-spoken to talkative? How about the ones who report that a drink or two makes them more alert behind the wheel? How about those couple of belts that do wonders for the old love life?

Every one of these notions needs to be carefully examined. They are based on subjective experiences which either do not conform to reality, do not hold true for all people, or are transitory in nature. The following may help to explain these paradoxical experiences:

When we take alcohol, 20 percent of it is absorbed directly through the stomach walls into the bloodstream and reaches all organs and tissues of the body within moments. The other 80 percent isn't far behind, although it is processed through the gastro-intestinal system. When alcohol reaches the head, higher and higher levels of alcohol in the blood anesthetize deeper and deeper layers of the brain. The upper or "newer" parts that store learned behavior patterns, such as self-control and judgment, are the first affected. Thus with a little alcohol in the system, some of us shed some inhibitions and become the life of the party, while others of us become depressed or aggressive. We think we're driving better, when in fact we're driving much worse. And sexually, as Shakespeare has written, "Drink provoketh the desire, but taketh away from the performance."

Higher and higher levels of alcohol in the blood depress brain activity further and further. In general terms, we can relate what happens functionally to a numerical value called blood alcohol concentration (BAC) or blood alcohol level (BAL), which is the proportional weight of alcohol per 100 units of blood, expressed as a percentage. Alcohol starts to be a factor in automobile crashes at a BAC as low as 0.05 percent. Would you care to take a guess at how few drinks that really is? It's the approximate level reached in the average 160-pound person who consumes three drinks of 86 proof whiskey within 2 hours after a meal. In almost all States, driving while intoxicated is defined as driving with a BAC greater than 0.10 percent. At this BAC, voluntary

[1] However connoisseurs of wine would probably maintain that it is really the color, taste, aroma, and bouquet of wine that are important to its appreciation.

motor actions usually become perceptibly clumsy. At 0.20 percent the entire motor area of the brain is depressed, and emotional behavior is also affected – an individual staggers or lies down and may easily become angry, may shout or weep. At 0.30 percent, the more primitive areas of the brain are significantly affected – a person is commonly confused, or may become stuporous. At 0.40 to 0.50 percent, the deepest levels of the brain are impaired, a person is no longer aware of the surrounding environment, and coma, respiratory arrest and death can occur.

So alcohol is indeed a central nervous system depressant that works like other anesthetic drugs. In fact, alcohol was used as an anesthetic by surgeons in ancient times, but is not used as such today because the band between unconsciousness and death is too narrow.

It is important to note that the rapidity with which alcohol enters the blood stream and exerts its effect on brain and body depends on several things. People should know this includes:

- How fast they drink. The half-ounce of alcohol in an average highball, can of beer, or glass of wine, can be burned up (oxidized) in the body in about 1 hour. If they sip a drink slowly and do not have more than one drink an hour, the alcohol will not "jolt" the brain and will not have a chance to build up in the blood, and they will feel little unpleasant effect. Gulping drinks, on the other hand, will produce immediate intoxicating effects and depression of deeper brain centers.
- Whether their stomach is empty or full. Eating, especially before drinking or while drinking, will slow down the absorption rate of alcohol into the bloodstream and the body will have a more even response to the alcohol.
- What they drink. Wine and beer are absorbed less rapidly than hard liquors because they contain small amounts of nonalcoholic substances that slow down the absorption process. The substances have been removed from liquor in the distillation process. Diluting an alcoholic beverage with another liquid, such as water, also helps to slow down absorption, but mixing with carbonated beverages can increase the rate of absorption.
- How much they weigh. The same amount of alcohol can have a greater effect on a 120-pound person than on a 180-pound person. Alcohol is quickly distributed uniformly within the circulatory system. Therefore the heavier person will have smaller concentrations of alcohol throughout his blood stream and body than the lighter individual will.
- Where they drink. The setting and circumstances play a part in people's reaction to alcohol. For instance, if they are comfortably sitting down and relaxed, having a drink with a friend, alcohol will not have as much effect as when they are standing and drinking at a cocktail party. On the other hand, if they are emotionally upset, under stress, or tired, alcohol may have a stronger impact than normal. People's expectations will also have an influence. If they think they are going to become drunk, the ease and speed with which they will feel intoxicated will indeed be increased.

Another fact about alcohol usage is that chronic consumption of large amounts of alcohol over long periods of time seems to alter the sensitivity of the central nervous system to the effects of alcohol. As a result, larger amounts of alcohol are required to produce the same effect. The pharmacological term for this central nervous system sensitivity is "tolerance." Tolerance is the phenomenon common to chronic use of addictive drugs and allows the alcohol-dependent person to consume large quantities of alcohol without the impairment the nonaddicted person experiences. Another way the alcohol-dependent person differs from other drinkers is that the abrupt removal of alcohol causes dramatic behavior and perception changes known as the alcohol withdrawal syndrome.

Sobering Up

When someone really "ties one on" and gets drunk, what goes on in the sobering process? The alcohol that has accumulated in the blood stream has to be burned up – oxidized by the liver. That's a bodily function which occurs at a pretty constant rate of about ¾ to 1 ounce of alcohol per hour. There's no practical way around it – so let's knock down more myths: Coffee merely turns a sleepy drunk into a more awake drunk. Oxygen and exercise have negligible effect in helping the liver do its work any quicker. A cold shower doesn't help either. There is a technique of speeding up the process, but it isn't too popular: dialysis. The only thing that will sober people once they have gotten drunk is time.

Hangover

Ah, yes – the retribution that is often visited upon those who get drunk, smashed, blitzed, zonked, ripped, blasted, and otherwise bombed out of their gourds. The miseries of nausea, gastritis, anxiety, and headache may vary by individual case, but a universal characteristic of all hangovers is extreme fatigue. The

exact physiological causes of hangover haven't yet been pinned down, but obviously it's the body's reaction to too much alcohol – particularly if taken while tired or under stress. There are almost as many alleged "cures" for hangovers as for hiccups: coffee, raw eggs, vitamins, etc., etc., etc. But they don't work. What does work is time – along with aspirin, rest, and solid food.

Alcohol and Other Drugs

Okay, "too much" of a drug such as alcohol (like too many of a lot of things) is a cause of distress – but the same is true of "too many" drugs. There has been a marked trend in recent years, especially among young people, toward using alcohol in combination with other drugs. This can be dangerous in either of two ways. The first is synergism; that's when one plus one equals three in the combined effect of two drugs on the body. The other is potentiation; that's when a second drug intensifies or alters the effect of the first. A chart is enclosed that indicates some synergistic and potentiating combinations of alcohol and other drugs.[2] Some combinations result in severe, bizarre, and unpredictable reactions. Some have dangerous side effects. Some are lethal.

The Drinking Scene

Enough physiology. Let's use this background to provide some perspective as we examine what we know about the ways of the American drinking environment, including the pluses and minuses – and then, hopefully, we'll have enough information to begin to consider some intelligent approaches to prevention.

As we have seen, alcohol – like every other substance which exerts an effect on the brain – has the potential to be dangerous. Yet the vast majority of people who drink do so without harm to themselves and for a variety of positive, beneficial reasons: to relax, to stimulate appetite, to complement the taste of food, to enhance a party or other social occasion, as part of a religious ceremony, or for medical purposes. Most of us who choose to drink recognize that somewhere between "praying at the porcelain alter" and total abstention there is a reasonable, relatively safe way of using alcoholic beverages.

But is it enough for us to simply appeal to an arbitrary definition of reason, or responsibility, or common sense, or whatever else we care to label it? And what about the unfortunate 10 percent who, for whatever reasons, may be developing a chronic pattern of alcohol abuse? If we expect our prevention efforts to have any impact at all, we are going to have to rely on facts and logic as the basis for what we do.

The fact of the matter is that we *have* identified and documented comparatively safe ways of drinking. There are many cultures which use alcohol and suffer few problems as a result: Orthodox Jews, native Italians, Spaniards, Greeks, Lebanese, and Chinese – these are groups which enjoy the benefits of alcohol, and in some cases use it heavily, without the devastating related problems that afflict most societies. These cultures experience the same stresses and strains of modern life that we do; no peculiar genetic characteristics have been found that set them apart. What we *have* found is a marked similarity in the *way* they drink. In these societies, alcohol is typically consumed under clear, well-defined guidelines, as an adjunct to other activities within a relaxed social or family environment. Alcohol is generally taken with food, and no special significance is attached to the ability to consume large amounts of alcohol. That stands in sharp contrast to the singular focus of the American bar or the tense atmosphere of the American cocktail party. Alcohol is not used as a problem solver or as an escape from life. And above all, drunkenness is condemned and drunken behavior is not tolerated in these cultures.

On the other hand, consider the concentration on drinking at the college beer bust and how often our search for something to do includes the suggestion: "Let's go out drinking." Not only are we merely preoccupied with drinking as a pastime, our drug-oriented society uses alcohol as a universal solvent for human problems. Without clear guidelines on what constitutes relatively safe versus unsafe drinking practices, those Americans who do get in trouble with alcohol are a long way down the road to chronic alcoholism before either they, or those close to them, recognize a problem developing. And instead of recognizing drunkenness as a potentially serious state to be avoided, we view it as a humorous condition and make jokes about it. The plain fact is that every time we get drunk, we have O.D.'d – that's right, taken an overdose of a drug!

Where Does All This Leave Us?

It leaves us, in a basic sense, with the task of coming up with the mechanisms for communicating concepts and information and influencing behavior in such a way that fellow human beings may better be able to help themselves and each other to avoid potential problems. The possible ways of targeting at prevention in a campus setting are, of course, limited only by our imaginations, but let's summarize three basic approaches that many of our prevention efforts will share:

- *We state the facts as we know them so people can make the personal, private decision whether to drink or not* in an informed,

[2] See page 112.

intelligent manner. This means acknowledging both the positive and negative aspects of drinking. For example, we know that moderate drinkers as a group live longer than heavy drinkers, ex-drinkers, or abstainers, but we also know that certain groups, such as the children of alcoholics, are at higher risk of developing problems. It also means we admit what we don't know – including the fact that how alcohol actually intoxicates and how it creates addiction are questions that remain unanswered. It also means that we recognize the fact that many people – for many legitimate reasons – choose not to drink at all, and that abstaining should be presented as a responsible, perfectly acceptable alternative.

- *We communicate what constitutes comparatively safe drinking practices for those people who choose to drink*, so they can minimize the risks to themselves and society and develop a sense of social responsibility in their attitudes toward drinking.
- *We alert people to watch for the warning signals of a developing alcoholism problem*. Too often we wait until someone hits rock bottom – the chronic, physiologically addicted stage – before offering a helping hand. Alcoholism is an insidious, progressive illness and, as with many other progressive illnesses, the earlier we reach the victim the better the prognosis for recovery. Surprisingly, the largest incidence of alcoholism and other problem drinking behaviors occurs not in older people, but in young men in their 20's. And the rates among young women are also beginning to increase. Since alcoholism typically takes many years to develop, it's not hard for us to deduce the typical time when alcohol abuse begins to cause problems: It's right now! Many checklists have been devised to detect developing drinking problems, but since the exact causes of problem drinking, including alcoholism, appear to be as varied as the life problems that afflict human beings, here is a set of very general criteria:

1. Anyone who must drink in order to function or to cope with life has a drinking problem.
2. Anyone who by his or her own personal definition, or that of his family and friends, frequently drinks to a state of intoxication has a drinking problem.
3. Anyone who goes to work or school intoxicated has a drinking problem.
4. Anyone who is intoxicated while driving a car has a drinking problem.
5. Anyone who sustains a bodily injury which requires medical attention as a consequence of an intoxicated state has a drinking problem.
6. Anyone who comes into conflict with the law as a consequence of an intoxicated state has a drinking problem.
7. Anyone who, under the influence of alcohol, does something he avows he would never have done without alcohol has a drinking problem.

In short, a drinking problem exists if we need alcohol in order to function, or if we use alcohol in such a way that it impairs our functioning.

This section has attempted to sketch the basic facts and concepts which can be used as grist for the prevention mill we are thinking about building. But whatever approach or program is finally decided on, we must keep in mind that our ultimate success or failure in influencing attitudes and behavior will rest fundamentally on our ability to relate to others as concerned, caring human beings – and not simply as lecturers or preachers.

Needs Assessment and Planning

We know there is a problem, and we know there is information to transmit that we hope will diminish the problem. Now we want to do something. Before running out and setting up a "drinking awareness day" or whatever, we first need to figure what the particular problem is on our campus and what would be the best means of reducing alcohol-related problems.

Gathering Data

Before a problem can be dealt with, it's helpful to know as much about it as possible. What are the existing drinking patterns on campus and in the community? What are the existing attitudes people have in regard to drinking? Where are alcohol problems most prevalent? Are they in fact perceived as problems by students or staff?

Data can be gathered through a student survey, or by talking with key persons in the college community. Perhaps a smaller, random sample will get us the same results at less cost. Or maybe someone has looked into the issue before, and the findings are gathering dust somewhere. If we do decide to implement a survey we should keep in mind that this is our first communication with the student body, and we have to insure that the impact of it will be positive and not negative. An example of a survey used on one campus can be found on page 59.

Establishing Priorities

What are the most serious or damaging aspects of the problem? What are the most important things we want to accomplish? Representatives of faculty, students, and staff can work together to answer these questions and, based on what information they gather, can develop objectives they want to accomplish. The project ideas can then be prioritized based on their usefulness, effectiveness, and feasibility and can be extremely useful in planning what to do first.

(For more information see Problem-Solving Methods, page 15.)

Planning Prevention Strategies

Prevention strategies are simply ways of decreasing damage associated with drinking, decreasing chances of people developing an overdependence on alcohol, and increasing people's knowledge of what is safe or pleasurable drinking. These strategies obviously should follow from the analysis of the issue and our priorities. (Of course, in some cases it may be that a strategy will be determined by the resources at our disposal or by the personnel who are backing our efforts.)

Prevention strategies fall into two main groupings: *Specific* and *Nonspecific*. Nonspecific strategies are those which do not deal *directly* with alcohol or drinking. Basically they are strategies which say: If a person isn't bored, has something to do, is capable of making intelligent decisions, has friends, is confident and creative – then it is less likely that he or she will be abusing alcohol. Many, but not all, nonspecific strategies are involved with alternatives.

Specific strategies deal directly with alcohol and drinking. These strategies are quite varied and involve such things as alcohol education, modification of drinking patterns, and influencing the behavior of those who drink. They also include legislation dealing with the "when" and "where" of alcohol consumption.

Prevention strategies can be divided into personal and environmental categories. (As discussed in part two, the more comprehensive a strategy is, the better. Ideally, an overall strategy would contain both specific and nonspecific components.) Following is a listing of the broad prevention strategies with an example of each:

- Specific Prevention Strategies
  Personal (examples: dissemination of alcohol information; small discussion workshops to examine drinking attitudes).
  Environmental (examples: staff training in dealing with alcohol problems; establishment of "responsible drinking" policies and standards; taxi service for intoxicated persons).
- Nonspecific Prevention Strategies
  Personal (examples: assertiveness training; creativity building; values clarification).
  Environmental (examples: increased volunteer opportunities for students; encouraging and publicizing community recreational opportunities; relaxing tensions between the university and the community).

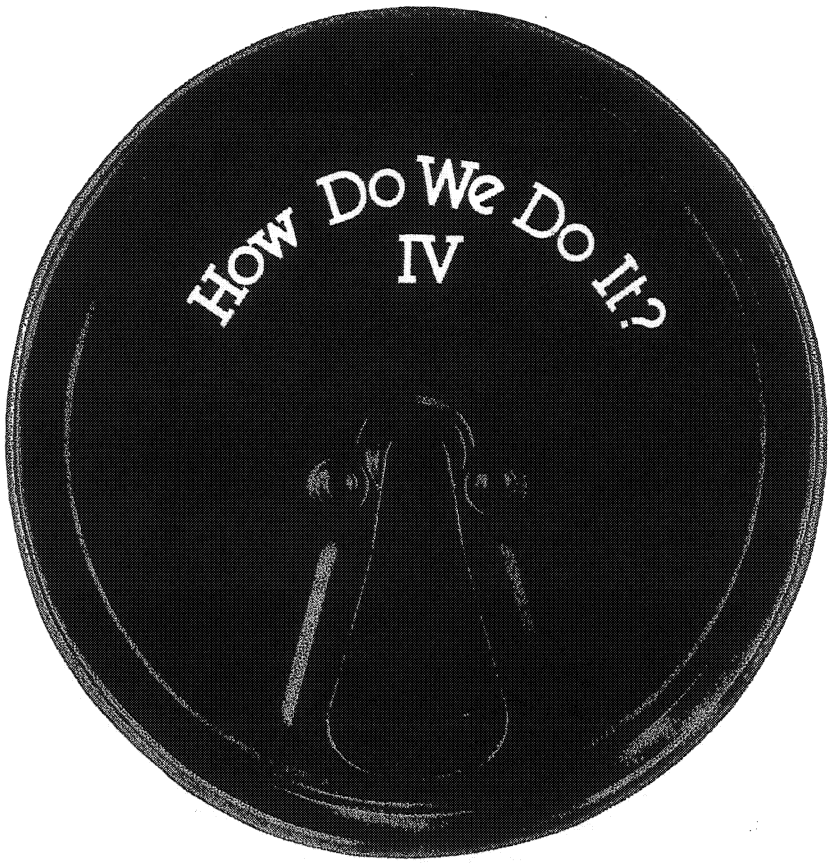
A complete exposition of program ideas and activities is found in the "What Can We Do?" section, beginning on page 33.

Identifying Resources

Resource identification simply means taking a good look at what or whom we have to help us, what is already available, and what we are going to need to develop programs. When we talk about resources, we are obviously talking about more than money; we are referring to manpower, materials, audiovisual support, technical assistance, media, and other facilities.

Cultivating Support of Key Personnel

Who are the decision-makers? Whose support do we need on the campus or in the community to implement our chosen strategy? Whose support is essential and whose would be valuable and helpful? Keep these individuals informed as your plans develop. Often a powerful person's interest will lead others to help with program development.



Implementation

Now we're down to the nitty gritty. How do we do it? How do we put our plan into effect? How do we go about taking our first steps? The following are some important project principles, organizational options, problem solving methods, and tools which we can use in implementing our strategies. (Project ideas are found in part two.)

General Principles to Keep in Mind

- We must have *agreement on the overall goal* and on the strategies chosen to reach that goal.
- Our *objectives must be specific* enough so that they can be evaluated. (See page 25: "How Do We Tell If It's Any Good?")
- We have to have *leadership which has credibility* with students and staff and which has a real interest in *primary prevention.* (Primary prevention refers to an attempt to minimize drinking problems before they get started.)
- There has to be *student involvement*. This cannot be emphasized too much. Without it our chances for success are minimal. Solutions imposed on students (or any other target group) are not likely to be very well received or effective. Sometimes there is the inclination to avoid seeking student support – "It's too much trouble." "They don't care about responsible drinking, they'd rather get drunk." "What do they know about prevention programing?" Many of us have discovered just how wrong these kinds of impressions are. A youth panel at a recent alcohol conference served to demonstrate how much students have to offer – both in terms of their perceptions of the issue and in terms of specific project ideas. (Some of

their more cogent and provocative comments can be found in the appendix on page 110.)

- It is important that we look at *existing resources* on the campus and in the community; there may be no need for additional resources. Are there existing programs or facilities with which we can work? Can they provide us with manpower, office space, or money? Are there monies already allocated for projects of this nature? Are academic support and technical assistance available? If the answer to some of these questions is no, see page 20, "Who Can Help Us?"
- *Community Development* is essential to get people's interest and keep it. As mentioned earlier, alcohol abuse tends to be a hidden or "accepted" problem. To have any chance of success in affecting this issue, the first thing we have to do is shake people out of their lethargy. It isn't easy, but it has to be done – and done in a way that will stir people to action. We have to increase the awareness of our constituency and then help various groups look at what's needed and how to meet those needs. It can't be done with a lot of admonitions and prohibitions. To be effective, it also has to include more than just a public relations campaign.
- Let people know we're doing something! It is very important to maintain *high visibility*, and to keep key people informed; otherwise we'll lose whatever support we received initially. This is especially true of those who provided resource assistance: provide people with a report, a carbon copy, a phone call – anything that lets the person know that he wasn't forgotten as soon as we got what we wanted from him.
- Another vital element that must be an objective of our strategy is *continuity*. The continued operation of a worthwhile program should not be dependent on our presence or the presence of any other person. This is vital on a campus where an active student's graduation might mean the end of a program. We have to build the program into the system and, as much as possible, institutionalize it. For example, once an alcohol education component is introduced into the freshmen orientation, it will not easily be removed.
- The last general principle to keep in mind is: *Be creative*! Let's not come on with the same old drug scare tactics routine; let's come on with something fresher and more inventive. Drinking permeates our society, but, rather than viewing this as a problem, we should view it as an opportunity. There are *so many* aspects of alcohol use and abuse in this country – hundreds and hundreds – and every one of them represents a chance to do something different and creative.

Organizational Options

There is no one best mechanism or way to initiate a program. Below are listed a few possibilities that have been tried; but there are many others. So, again, be creative.

- Task Force

  A task force is usually set up by someone within the administration in response to a problem or conflict. Members appointed to the task force normally represent a variety of disciplines or a cross section of the college community.

  An *exploratory* task force is the most common type. Its goal is usually to investigate a problem and then make recommendations in regard to possible action. This sort of effort should not be shortchanged. It can give us a clear picture of the problem, get us the support of key people, and do a lot to increase constituency awareness.

  An *implemental* task force is a more ambitious enterprise, and though it usually has an exploratory component, it also is involved in actually setting up and perhaps even running a program. Task forces recently created at Indiana University and at the University of Massachusetts at Amherst are implemental in nature. The evolution of the one at Indiana, chaired by Dr. Ruth Engs of the Department of Health and Safety Education, is described in "What's New?" beginning on page 64. The Massachusetts Alcohol Task Force, coordinated by Dr. David Kraft of University Health Services, is charged with the following responsibilities:

  1. Assessing the extent of alcohol-related problems in the university community
  2. Designing an alcohol program aimed at community-wide education to promote responsible drinking
  3. Developing a mechanism for early identification of people with drinking problems
  4. Identifying and making recommendations concerning treatment alternatives
  5. Developing an ongoing evaluation process

  The overall goal of this task force is to

"reduce alcohol misuse at the University of Massachusetts."

- Interdisciplinary Committee
  The interdisciplinary committee generally has a more academic and treatment/rehabilitation orientation, but it may also be involved in community prevention projects. At the University of Arizona, Dean Willis Brewer of the College of Pharmacy is the chairman of the Interdisciplinary Committee on Alcoholism (IDC) which was formed in 1969 through the office of the Vice President for Health Sciences. The appointment of this committee was "in recognition of a recommendation made by the Governor's Advisory Council on Alcoholism that the University become an active participant in the State alcohol program by developing education and research programs in the area of alcoholism." IDC is administratively housed in the College of Pharmacy, and its membership includes faculty from Public Administration, Rehabilitation, Medicine, Community Services, Pharmacy, and a special training program called Community Resources Specialist in Alcoholism. The Committee meets weekly and "provides support and direction for University education, research, and service programs related to the addictions."
- Program Designation
  Quite simply, program designation involves the naming or setting up of a program within an existing office or department. A good example of this is at the University of Florida, where the Dean of Student Services, Dr. Thomas Goodale, appointed one of his assistants to work on the problem of alcohol abuse on the campus.
- Student-initiated Program
  Such a program could have been set up by a student government or by a student health advisory committee. The latter type of organization is quite active on many campuses and is a good group with which to work.
- Outside-initiated Program
  Sometimes a person or group in the outside community starts a program on campus, or a program directed at the college and the surrounding community. This approach has been very successful at the University of Iowa where James Sueppel, of the Mid-Eastern Communities Council on Alcoholism, has the support of faculty and administration in setting up a program on the Iowa campus.
- Through Existing Programs
  A related project or program may already exist to which an alcohol education component could be tied. An illustration of this would be a drug information center (which formerly had little or no alcohol material) adding alcohol information to its collection.

Regardless of which organizational option is chosen it remains imperative that our program have a broad base of support. Students and faculty, administration and community, drinkers and nondrinkers — they all have a role to play. Treatment-oriented professionals and recovered alcoholics *can* contribute much to a comprehensive prevention program, but they are not necessarily the best persons to "carry the ball." For example, it has been suggested that the recovered alcoholic is excellent in dealing with those who are experiencing problems with alcohol but is not as effective in reinforcing the positive behavior of the moderate drinker.

Another important point is that the campus group which initially develops an interest in prevention activities may not be the best group to sponsor a program. In other words some organizations have more clout and support than others, and it might be a good tactical move to enlist the leadership of, say, the most respected activist student group on campus.

On the other hand, it is also important to enlist the help of individuals who have a vested interest in a prevention program. We do have manpower needs, and we will probably get more mileage from committee or task force members who are motivated by a reward of some kind. This can be professionally through research and writing, as an extension of a resume, or personally and emotionally.

Problem-Solving Methods

When people first come together to discuss an issue such as "Alcohol Use on Our Campus," tempers may flare, some individuals may feel uncomfortable presenting their ideas to the group and consequently little is accomplished. If such roadblocks are likely, it may be helpful for us to be armed with one of the following methods for a structured problem-solving session. Be sure to check the references before conducting such a session.

- Force Field Analysis[1]
  This group is agreed on the problem and is brainstorming to find a workable solution. The process includes:
  1. Statement of the problem

[1] Pfeiffer, J.W., and Jones, J.E., eds. *A Handbook of Structured Experiences for Human Relations Training*, Vol. 2, University Associations Publishers and Consultants, Lajolla, Calif., 1974. p. 79.

2. Outline of the positive and negative forces that affect the solution
3. Brainstorm ways to overcome each negative force
4. Testing the usefulness and feasibility of each solution offered
5. Prioritizing the solutions

- Nominal Group Process[2]

  The planning group is to come to agreement on the problem and develop strategies to resolve it. The work proceeds silently with each person speaking only in turn, round-robin fashion. Nominal group process includes:

  1. Introduction of the issue
  2. Recording of individual responses to the problem on index cards
  3. Listing of ideas on a flip chart or blackboard (each individual reading one of his or her cards)
  4. Discussion of the ideas in the order they appear
  5. Break
  6. Ranking of the listed ideas on index cards, again done silently by each member
  7. Listing of the rankings round-robin style
  8. Discussion of each idea as it was ranked
  9. Re-ranking the solutions

Tools and Techniques

Two methods we might use in implementing the strategies we have chosen are (1) workshops and (2) staff training.

- Workshops

  A workshop usually involves a small group of people meeting for a brief period of time. It is an educational process where the emphasis is on an exchange of ideas and information among the participants. (Much of the information found below is taken from a monograph entitled, "So You Want To Hold A Drug Workshop?" by Scott Nelson, M.D.; Morton Schaevitz, Ph.D.; and Richard MacKenzie, M.D.[3])

  In planning a workshop we have to determine the following:

  1. What are our goals or objectives? Possible objectives might be to share information, to solve a problem, to build skills, to examine attitudes, or to establish a network of people or facilities, and encourage their cooperation in attaining agreed upon ends.
  2. Who should come? The choice of participants should be related to the objectives of our workshop. We may want to invite those who need the information, or those who possess desired perspectives and experience, or those who have the authority to implement the changes we hope to accomplish, or a mix of people. Generally, in order to have the benefit of as many points of view and ideas as possible, it is desirable to have an age, skill, sex, and ethnic mix that reflects those your program will serve.
  3. How much money do we need? Given a little ingenuity on our part and assuming that we're not looking for a room that will hold 500 people, the physical facilities shouldn't cost anything. (For example, free space could be arranged at one of the religious centers.) The main expense item could be staff, but unless we're bringing in people from off-campus, this too can be kept to a minimum. Many of the staff roles can be handled by one person, and if we have solid faculty, administration and community support, the necessary staff may volunteer their time.
  4. Who is going to do it? Hopefully we and others in the community can do it. As mentioned above, some individuals can fill multiple roles. The basic staff roles are:
     - workshop director – to be responsible for the major decisions
     - workshop coordinator – to be responsible for coordinating the logistics of the workshop
     - planner – to help clarify the workshop's objectives and suggest alternatives for its design
     - content trainer – to provide alcohol information to the participants from a specific area of knowledge or expertise
     - process trainer – to facilitate group interaction exercises and teach communication skills
     - team builder – to help the staff relate to each other and channel their needs and skills to the overall objectives of the workshop

[2] Delbecq, A.L., and Van de Ven, A. A Group Process Model for Problem Identification and Program Planning. *Journal of Applied Behavioral Science* Vol. 7. 1971. pp 466-492.

[3] This monograph was developed for the Job Corps, U.S. Department of Labor.

- evaluator – to measure whether or not the objectives of the workshops have been met

5. When do we do it? Assuming we are not talking about a 3 to 5 day seminar format, we could do it on a Saturday and/or a Sunday, or we could run a series of workshops over several evenings. The important thing is that we consider the convenience of the time for our target audience.
6. How do we set it up? The two basic elements that must be resolved are *content* and *process*. The objectives we have agreed on, along with the needs of the participants, define the content. The workshop design determines the process.

   What we really are talking about are various educational formats for exchanging ideas and information. Not wishing to belabor the obvious, it should be stated that not too much real exchange can occur among the participants if there are 50 or 60 persons in the group. If there are this many participants in the program, a large session can serve to give information or state the problem and be followed by breaking up into smaller groups of 8 to 12 persons. If at all possible, no group should have more than 12 participants.
7. What format should we use? A few possibilities are:
   - Present the material to be learned and allow time for questions and discussion.
   - Present the issue and encourage the sharing of attitudes and values.
   - Instead of having an expert speak first, use small groups to generate questions before the talk begins; the expert either responds to the questions in front of the whole group or spends time with each small group.
   - Use the role-playing technique or critical incident technique; for example, a staff member or participant could portray a drunk student trying to get served in a bar, with the other participants reacting in the role of the bartender or owner; or present a situation where a student has just thrown up in the residence hall lobby. What should the resident assistant (R.A.) do?
   - Present audiovisual material to the group as a whole and break down into small groups for discussion.

   It is very important that at the end of the workshop we present a summary of what points were made and relate the information gained to situations encountered by the participants. "What next?" should not be left up in the air.

- Staff Training

  Many of the comments made in regard to workshops apply also to staff training. Presumably we are training people to handle various aspects of alcohol use and abuse: how to serve alcohol responsibly, how to identify and guide someone with a drinking problem to treatment, how to deal with an incident of alcohol abuse, how to initiate projects to encourage responsible use of alcohol, etc.

  1. Whom would we train? Well, who could use training? How about R.A.'s, security people, student paraprofessionals, academic advisors, health professionals/counselors, student affairs staff, bartenders and bar owners, student ministry staff, or police officers.
  2. How would we train them? What format would be most useful? The answers depend greatly on our objectives, our resources, and our audience. A few possibilities include: formal courses, orientation programs, inservice training and workshops.

     A description of a training program for student peer counselors and a training program for student peer alcohol educators can be found in the appendix beginning on page 86.

Media Utilization

Use of the media is an example of a method or technique that could become the whole strategy we use in our efforts to minimize alcohol-related problems. A comprehensive media campaign is a viable educational strategy though it is limited by its lack of personal contact.

However, the value of any program or activity we may develop on campus will be enhanced by the proper use of the available mass media. There are likely to be many more people on our campus and in the surrounding community who need to be informed, helped, and involved with what we are doing beyond the group that is already committed. By informing as many people as possible of our efforts, we will uncover resources and organizational support we didn't know were available. In the long

run, public understanding and action-oriented community mobilization will not come about unless the media become an integral part of our planning process right from the beginning. Although there are many different kinds of media (campus, community, press, and broadcast) that we should learn to work with, they all have common rules and procedures for obtaining their help.

- Determining Media Potential
  1. Investigate. Depending on our previous experience with the media, the best first step is probably finding some expertise. Since our effort is a public service/health issue, we can often find people or organizations willing to help. An initial visit to our college's public/community relations office to explain what our plans and needs are will usually result in a good picture of who the local community-based and campus media are and how they can be tapped. In addition, university departments of journalism, communications, and public relations often have staff people with particular knowledge in this area (and skills to help us plan and produce a campaign). These groups, together with local alcohol organizations, can help us make an assessment of the media available to us.
  2. Assess. Some of the things we will need to know about the campus/community print and broadcast media are: Who are the key contact people (news, feature editors, columnists for print and news, public service and program directors, talk show hosts for radio and TV interviews)? Which reporters cover what beats (medical, educational, youth, etc.)? What are their deadlines for stories and shooting/taping schedules for programs? What types of programs and columns are regularly scheduled and what type of stories do they like and use most often? From here, we can tailor our events and program to their needs and begin to cultivate their support.
  3. Cultivate. Set up appointments to visit the key media people we've identified as being important to our effort and get their backing. They are in the business of reporting things of interest, concern and value to their audience and community and can be asked for help. By explaining to them the seriousness of the problem locally, what our plans and needs are to attack it and by asking them for their ideas now, we will be helping them and obtaining for ourselves the best coverage in the future. An integral part of this cultivation, and the ultimate working relationship, is finding out from them what they need and how they operate before we present them with a story or news item for print or broadcast. This will be much appreciated by them in turn, for by having our stories smoothly fit into their formats and deadlines, and having impact at the same time, we will make their jobs much easier.

- Obtaining Media Coverage

  Media contacts and knowledge of procedures alone will not secure good coverage of our event or program. We must first define our project in terms of what it will offer the reader, viewer or listener and tailor it to the chosen media. If it is a news item, it should be a "first" or have some significant, timely, or dramatic interest. An announcement that a university group is meeting to discuss alcohol issues is typically not a "newsy item," but releasing the results of a campus-wide survey with a task force appointed by the president to study the issue probably would be.

  If we are seeking more in-depth coverage of the issue through a newspaper series or television feature segment/program, we should make sure that our activity has some dramatic aspect to it, and that it has wide human interest appeal. If, for instance, we are looking into the need for residence hall advisors to be trained in peer counseling, we might gather up all the beer cans from a Saturdays night's "blast" and place them in a huge pile in front of the dorm for a news photograph the next day. We should resist what might be called "staging," but we have a product to sell that competes with a lot of other products, and it will take all the ingenuity we can muster to make that story a dramatic and interesting one. This will often determine whether or not we get the coverage we want.

  As we plan our conference or event, we need to determine which of our contacts at which media would be most interested in covering it (without telling them you've got something you really haven't) and follow these time-proven guidelines:

  1. The news release. When preparing the news release, be brief (no more than

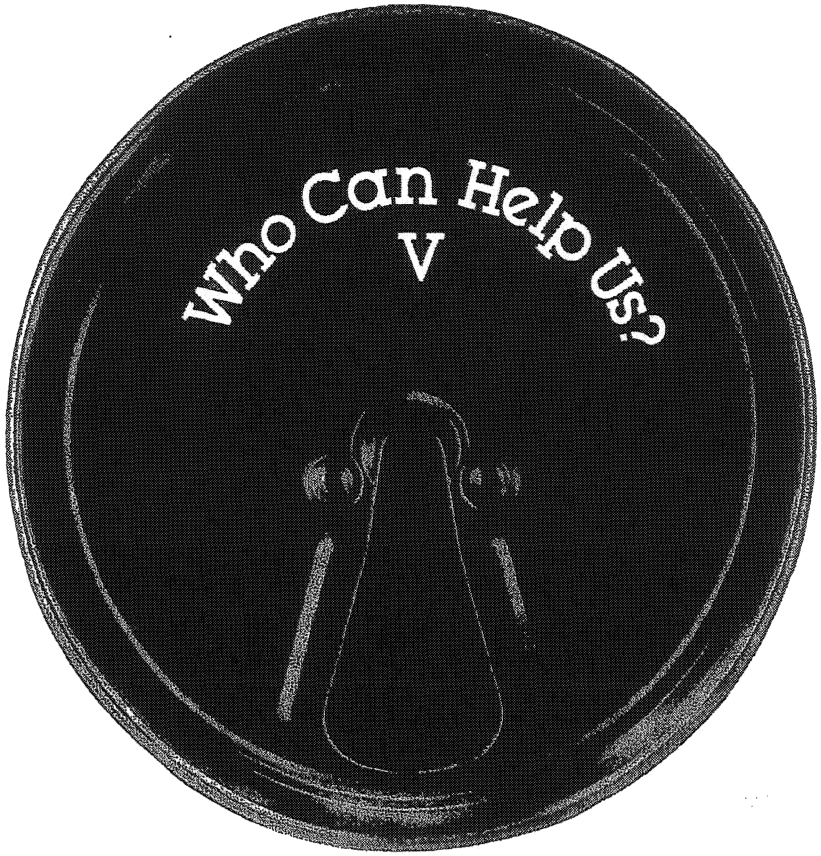
two double-spaced pages, preferably one) and give the reader the essential facts right away (who, what, when, where, why, and how). Give the "grabber" or most significant item of interest as soon as possible. (If it's an item for television, tell them what the visual or moving aspects of the program are). Then fill in details and background in descending order of importance. Be sure to include the name and telephone number of the contact person who can be reached for further information. The news release ought to be sent early enough before the event so the assignment editors can log and file it for the appropriate day.

2. Followup. A few days prior to the event (or even again the day before) personally call or visit the media contacts to encourage them to attend the event. Tell them what the event is about and what will make it interesting. Ask if they need any further information. Make sure they know how to get there and the times for the key happenings. Before the event make sure the meeting facility and program lend themselves to coverage and that the room has space for reporters and equipment (check wattage for camera lights).
3. The event. Meet the media when they arrive and fill them in on what's taking place when and where. Provide them with further information on the background of the organizations, the issue, etc., and line up key spokespersons for interviews.

- The Available Media

The media we will have access to on our campus and in our community are limited only to what exists and the thoroughness of our preparation. Below is a list of some of the more common media that shouldn't be overlooked when planning your event.

1. The Campus Media
   - Campus newspapers (95 percent of all students read theirs regularly)
   - Campus-operated radio-TV stations (regularly scheduled interview programs, campus news, and public service messages)
   - Campus magazines (news, humor, literary, off-campus underground newspapers)
   - Official college publications (orientation flyers, health service publications, catalogs, football programs)
   - Newsletters (alumni, student organizations, fraternities, administration)
   - Other (slogans on posters, book jackets, public address announcements)
2. The Community Media
   - Daily, weekly, suburban newspapers (editorials, features, columnists, news)
   - Television (commercial and educational for news, features, public service announcements, community affairs programing, special coverage, talk shows)
   - Radio (news, prepared tape interviews and public service announcements)
   - Other (minority press, business publication, billboards, placards, newsletters of community organizations)



Resources

As indicated previously, we should first look to existing resources on our campus and in our community. Not only are they apt to be more accessible, but they may even be bigger and better than any we could get from outside. In any event, here are a few ideas of where to go for help.

Basic Information and Ideas

Information about alcohol, the alcohol field, alcohol use, alcohol abuse, primary prevention, early identification, etc., can be gained from many sources. Below are just a few:

- University faculty and professional staff
- University and community libraries
- Student health and counseling centers
- Local alcoholism and alcohol abuse organizations
- Local drug information centers
- State alcohol agency
  In each State there is an alcoholism or alcohol abuse agency. Usually this agency is located in the Department of Health, Mental Health, and/or Social Services. A complete list of State agency offices is found on page 124. (A helpful resource person within the State office might be the prevention coordinator. A description of this NIAAA grant program is on page 127.)
- National Clearinghouse for Alcohol Information (NCALI)
  P.O. Box 2345
  Rockville, Maryland 20852
  The Clearinghouse is an information service of the National Institute on Alcohol Abuse and Alcoholism (NIAAA). It is a central point where alcohol information is gathered from worldwide sources – books, journals, newsletters, abstracts, conference proceedings – and disseminated in appropriate forms. These include: notification of

recent publications, a monthly newsletter, a quarterly magazine, books, pamphlets, posters, responses to technical requests, and replies to all personal inquiries.

- National Center for Alcohol Education (NCAE)
  1601 North Kent Street
  Arlington, Virginia 22209
- Do It Now Foundation
  National Media Center
  P.O. Box 5115
  Phoenix, Arizone 85015
  The Do It Now Foundation has some pamphlets relating to alcohol and nutrition and poly-drug abuse that are unique.
- The United States Jaycees
  "Operation Threshold"
  Box 7
  Tulsa, Oklahoma 74102
  The Jaycees have developed some excellent alcohol education/prevention materials. Information in regard to these, as well as potential programmatic support, can be gotten from local and State Jaycees offices; or write to the above address.
- National Council on Alcoholism (NCA)
  2 Park Avenue
  New York, New York 10016
- The Student Association for the Study of Hallucinogens, Inc. (STASH)
  118 South Bedfore Street
  Madison, Wisconsin 53703
- U.S. Department of Transportation
  National Highway Traffic Safety Administration
  Washington, D.C. 20590
- Alcoholics Anonymous
  P.O. Box 459
  Grand Central Station
  New York, New York 10017
- Alcohol and Drug Problems Association of North America (ADPA)
  1101 15th Street, N.W., Suite 204
  Washington, D.C. 20005
  An especially valuable item available from ADPA is the *Guide To Alcohol and Drug Problem Informational Resources: United States, Canada, and Mexico*. This document gives brief descriptions of what over 100 different organizations, agencies, and industry sources have to offer in the way of information. Also, ADPA puts out annually a list of current summer schools and the dates they will be held.
- All-Anon Family Group Headquarters
  P.O. Box 182
  Madison Square Station
  New York, New York 10010
- Council of State and Territorial Alcoholism Authorities
  1101 15th Street, N.W., Suite 206
  Washington, D.C. 20005
- Rutgers Center of Alcohol Studies
  Smithers Hall
  Rutgers University
  New Brunswick, New Jersey 08903
- *The Alcoholism Report*
  JSL Reports
  1120 National Press Building
  Washington, D.C. 20045
  The Alcoholism Report is a newsletter which is published bi-monthly for professionals in the field of alcoholism. It contains up-to-date information in regard to what is occurring at the national level (alcohol organization activities, Federal policy changes, legislation, etc.).
- Addiction Research Foundation
  33 Russell Street
  Toronto 179, Ontario, Canada

Additional Materials

- Films
  A selective list of films relating to alcohol use and abuse is found in the appendix on page 107. Many films are available for rental, and some for free loan. A more complete catalog of films, *Audiovisual Materials on Alcohol and Alcoholism*, is available from the National Clearinghouse for Alcohol Information.
- Radio and TV Commercials (spots)
  Limited copies of radio spots and scripts, and/or TV spots, are available from the National Highway Traffic Safety Administration of the U.S. Department of Transportation, Washington, D.C., and from the Clearinghouse. These are often an excellent means of publicizing a local program since a logo can be added at the end of the spots.

Financial Resources

The funds available at the State and Federal level for alcohol programing are quite limited. This is not necessarily to say that the availability of Federal and State funds should not be explored, but rather that *we should not allow the viability of our program or strategy to depend on these monies*. We should remember that more local sources of funding do exist, and that finding these sources requires inventiveness and initiative. Furthermore, many strategies can be implemented *through* existing projects,

agencies, or departments, so additional funding may not be needed.

- The Importance of Time
  Time is one type of resource that shouldn't be forgotten in this context. Time *is* money. So if we're going out looking for contributions we should keep an eye open for good people who can donate time if not money. This time could involve help with program development or implementation, but it could also involve people giving their time for the express purpose of fundraising. The latter could take various forms. Faculty, department chairmen, college fundraisers or even the college president could help us look for funds, or we could set up a local board of directors, or an advisory council, which would assume the responsibility of seeking and providing funds for our project.

  In thinking about time, we should not neglect a thorough analysis of where our own time would be spent best. Do we want to develop a grant proposal for 6 months and then wait another 6 months to find out whether or not it's going to be funded? (Keep in mind that if we seek Federal money, we may get larger dollar amounts, but such activities will generally require substantial amounts of our time in preparing grant applications and waiting for the Federal Government to act on these requests.) Do we want to work on setting up a local advisory council for the program? Or would it be better to simply put our time in on the project itself?

- Local Sources
  Money is raised best when it is requested personally from the smallest number of people, in the shortest period of time, at the least expense. Generally, the further away a source gets, the more difficult it is to get money.
  Basically, this means that we should consider our college or university as the first and best source. Most schools have a division of resource development with full-time fundraisers. We should go to these people to see if they can help us and to find out what funding sources they are in contact with. Beyond this we should look for people, on or off the campus, who have been successful in raising money, and contact these persons to see if they can assist us. If they are convinced that our project is worth their time – if they think what we want to do is a good idea – they probably will not charge us anything. A few potential local contacts are listed below.

- Developing a Grant Proposal
  But suppose we do decide that we want to submit a grant proposal to the State Government, the Federal Government, a foundation, or an organization, where do we begin? We begin 6 months to a year ago. This is to say if we want substantial funding it behooves us to *plan ahead*. (It is important to investigate and find out what dollars will be available a year from now rather than next month). For example if we need money for July, and we are looking to State funds, we should get to the State people by September of the year before. For most State budgets, even November of the year before is too late. For Federal funding, a 9-month lead time should probably be anticipated – assuming there are Federal funds available.
  Secondly, a proposal should never be written in a vacuum. *The people to whom a proposal is being submitted must be consulted prior to initiating the preparation of a grant proposal*. It is absolutely essential that we know where the funding agency people are coming from, and that we discover whether or not our ideas do, in fact, fit in with that agency's ability to put money into that area. Are they interested in what we want to do? All proposals should be custom tailored to the funding prospect, emphasizing areas of mutual concern. While Federal and State governments have formal application forms, most foundations do not. For the latter, proposals should be brief, written reports. Any visuals or lengthy description of past activities should be included only if requested or if necessary to present the case, and then only as addenda. Proposals generally should include the following:
  1. Rationale: A clear statement and overview of the need or problem; for example, the extent of the alcohol problem specifically related to the community and/or target group to be served by our program and of interest to the prospect.
  2. Objectives: A precise, realistic statement and/or listing of what we expect to accomplish by our program. This is becoming increasingly important as a basis for evaluation and periodic grant reviews.
  3. Focus: An indication of whom the project will serve, how many, etc.

4. Methodology: A step-by-step description of how the activity is to be carried out, including timing, location, persons or organizations to be involved. When possible, back up with research and/or reasons for believing these methods will be effective. We should be honest about unknowns and limitations.
5. Competence: Evidence of qualified personnel to carry out the proposed activity.
6. Evaluation: A procedure for evaluating or measuring the impact of the grant.
7. Finances: Itemization of all estimated project costs with indications of how each will be covered. If various resources are being approached, these should be indicated. If our project is part of an ongoing organization, both the annual budget and the project should be included. If the program is to be ongoing or duplicated elsewhere, we should indicate some evidence of the possibility of funding beyond the term of the proposed grant. Any possibility of the proposed grant generating additional or matching funds also should be shown.
8. Importance: The value of the project to "society," i.e., it will provide new knowledge, or demonstrate new methods, or serve as a catalyst to stimulate similar additional or expanded efforts. We should discuss future possibilities and/or plans for dissemination.

The next step is to submit our proposal. However, both during the proposal development and at the time of its submission, it is vital that we keep in touch with the State alcohol office.

- Publications That Can Help Us

The following are names of some important publications that provide many fundraising ideas, help identify appropriate sources, and supply information on how to develop a proposal. Most of these can be found in the library; some should probably be purchased.

1. Human Resources Network. *How To Get Money For: Arts and Humanities, Drug and Alcohol Abuse, and Health.* Chilton Book Company, Radnor, Pa., 1975.
2. Adler, Marty, *Stalking The Large Green Giant: Advice on Fundraising for Alternative Social Services*. National Youth Alternatives Project, 1830 Connecticut Ave., N.W., Washington, D.C. 20009.
   This is one of the best single documents now available on fundraising; it deals primarily with youth programing in general, but is also relevant for alcohol funding. Chapter headings include Some Facts of Life (funding is essentially political in nature), Foraging at the Fed, and The Foundation Route.
3. Warner, Irving, *The Art of Fundraising*, Harper and Row, New York, 1975.
   This text concentrates on local fundraising: how to establish a board of directors or advisory council that can and will effectively raise funds, how to do the necessary homework prior to asking a prospect for funds, and how to implement a variety of fundraising strategies ranging from art shows to pledge campaigns to the development of mailing lists for solicitations of monies.
4. Lewis, Marianna, ed., *The Foundation Directory*. The Foundation Center, New York, 1975.
   This is an absolutely essential resource if we are looking for foundation funding. It is organized by State and includes information on the objectives, officers and trustees, projects previously funded, and assets of each foundation.
5. National Clearinghouse for Alcohol Information, *Foundation Guide for Alcohol Program Planning*, 1976.
   This recent study provides profiles of numerous foundations which were contacted by the Clearinghouse; many of them had had no previous involvement in alcohol-related programs. It also discusses foundation procedures and organization and suggests ways of identifying and researching potential foundation prospects.
6. "Fund Raising Management," published every other month by Hoke Communications, Inc., 224 7th St., Garden City, N.Y. 11535, for $8 per year.
   This magazine provides up-to-date information on a variety of fundraising campaigns and strategies. Advertisers include fund development consultant *firms*, compilers of mailing lists and publishers of miscellaneous grantsmanship materials.

- Funding Source Ideas

Finally, here are a few specific funding sources or means; but remember, the important thing is to be creative!

1. Fundraising activities
2. Student fees (such as student health fees)
3. Student government
4. "Tax" on campus liquor sales (for example, if there is a pub in the student union, a portion of its profits could go toward prevention projects – or improving the environment of the pub itself).
5. University departments
6. Campus ministries
7. U.S. Jaycees or other local service clubs
8. Local pledge campaign
9. Fraternities and sororities
10. Local hospitals
11. Local educational districts
12. Private fundraising agencies (such as the local United Fund)
13. Alumni associations
14. Industry and business (local, State or national)
15. National Education Associations (such as the American Association for Higher Education)
16. State authorities
17. Taxes on State and local liquor sales (in some areas this may not be too feasible, but the idea of earmarking alcohol beverages sales taxes for State alcohol programs is being proposed in many States)
18. Foundations
19. National Institute on Alcohol Abuse and Alcoholism (NIAAA)
20. Area Alcohol Education and Training Program (AAETP). The address of the four regional offices and a description of this program can be found on page 129.
21. Drug Enforcement Association
22. Department of Transportation, National Highway Traffic Safety Administration. Also check with local Alcohol Safety Alcohol Programs (ASAP).
23. National Institute of Education
24. Office of Education
25. National Council on Alcoholism (NCA). For those interested in a small amount of money for a public awareness type program, it might be worth contacting NCA. They have a one page (!) grant form which can be requested from their New York office (the address is listed under "Basic Information and Ideas") or from one of their regional offices. A word of caution though: NCA is primarily interested in alcohol issues, and the grant program referred to above is limited *solely* to alcohol.

Evaluation

When a college administrator asks us, "How are you going to determine your program has been successful?" we must not despair and decide that we need to hire consultants to develop complex instruments to evaluate our program. This chapter can help us get started on program evaluation.

Why Should the Program Be Evaluated?

First, external forces such as the college administrator may demand evaluation. Our project is just one of many on campus, and we will be called upon to show that the program is needed and that it is doing what we said it would do. In other words, evaluation is a tool to help us justify the program's existence. Information on the program's effectiveness is also *really* important to our funding source since they, in turn, must justify the way their money is distributed.

Another reason for evaluation is to gather information for internal program needs. Lots of time and energy have gone into planning. Evaluation can help determine if objectives are being met and if staff, funds, and other resources are being used in the best possible way. We may have decided to try several different approaches on our campus Finding out which methods had the best results and the least expenditure of time and money will help us make needed improvements and changes in the program.

What Is Evaluation Anyway?

Evaluation has been defined as a process of rational decisionmaking.[1] It allows the program staff a basis for making desirable program changes and provides factual information for "selling" the program to others. An evaluation consists of data organized to answer certain questions about the

[1] Mandell, Wallace. "Purposes of Evaluation for Mental Health Programs" (unpublished material, The Johns Hopkins University, School of Hygiene and Public Health, Mental Hygiene 5, 1/23/75).

program's purpose, what activities the program carried out, and what the results of the activities have been.

To be most useful to us and to outsiders interested in our work, evaluation should be an integral part of program planning, development, implementation, and completion. If evaluation is built into the program, gathering the data is routine rather than a mad scramble when we are called upon to report the program's progress. The data are also useful in determining whether we are meeting our objectives and in adjusting activities as we go along. If careful records have been maintained, a final report on the experiences of the program can be developed and shared with others trying similar efforts. In this regard it is important that we get "baseline" data *before* our program gets underway; this gives us something against which to compare the results of our project as it progresses.

The actual form and sophistication of the evaluation will be determined by the nature of the task we are undertaking. If the counseling center wants to develop a multifaceted program that continues over several years and has substantial funding, the evaluation design will probably be complex. Information included might be obtained by testing participants' personality characteristics and attitudes before and after the program or by looking for changes in records of campus security, dormitories, disciplinary agents, and medical facilities. Many people will be involved in gathering the data, and a computer might be utilized for analyzing it. On the other hand, if our program is smaller in scope, the evaluation should reflect what we are trying to do. We may only be attempting to stir up interest in the issue of drinking on campus; in that case, we should look for signs of a developing awareness of the problem, not changes in people's behavior!

How Do We Develop a Program Evaluation?

The program objectives must first be stated in measurable terms. This process of writing understandable objectives requires careful consideration. The goal statement is the commitment of the program to what it is going to try to do. We should be realistic. A goal of "reducing the negative consequences of alcohol usage and enhancing its pleasures" is admirable and may be our long-range mission, but, for evaluation, less encompassing objectives are more useful. For example, as part of our educational campaign, we may want to stimulate public discussion about alcohol use on campus for the purpose of having people examine their own attitudes toward drinking and discovering the community's drinking patterns. This objective can then be elaborated in more specific terms, such as meeting with dormitory residents during the first semester. If we expect to meet 75 percent of them, say so. Then count the number of dorm residents who attend the meetings and we have data to evaluate part of our project. We might get a little more complicated and show a film at some meetings and have a speaker at others, then check which receives a better response. Also we shouldn't neglect to jot down our observations and feelings about the groups. That often produces valuable information to use in planning.

The example is simple but should get our thinking started on objective writing. Just remember to include what the program is going to do, how or with whom, and what we consider an acceptable outcome. So our example of one objective for an educational campaign could read something like this:

> To stimulate public discussions about alcohol use on campus by holding small group discussions with 75 percent of the dormitory residents during the first semester.

The data must then be organized in a form that can be used for our purposes and potentially could be useful to others beginning prevention programs on their campuses.

We should not overlook resource people on our own campus to help with evaluation. A faculty member or graduate student might be looking for a human service or educational program to work with in developing his or her own evaluation skills. Also graduate students needing thesis or dissertation topics, especially in the fields of psychology, counseling, sociology, social work, health, and education, would be good persons to approach. So check the possibilities for some help.

What Data Should We Gather?

The types of information that we can gather have been categorized by one group[2] for use in the program at the University of Massachusetts at Amherst.

- EFFORT – WHAT WAS DONE? Effort may include the number of programs held, pamphlets distributed, or films shown; how many persons were contacted during planning and implementing the projects; or how many students and faculty were questioned, sampled, etc. Program reports, memos, calendars, etc., should all contain information on *effort*.
- PROCESS – HOW WAS IT DONE? Process considers who was contacted when, with what information, with what results; what were the perceptions of participants;

[2]U.S. Department of Health, Education and Welfare, National Institute on Alcohol Abuse and Alcoholism, Grant #045-364061, Principal Investigator David P. Kraft, M.D.

descriptions of methods used; observations about strengths and weaknesses of approaches used; or why activities were chosen in terms of goals for the group, time, and budget considerations. One example for measuring *process* in small discussion groups is a postgroup questionnaire or reaction sheet.

- EFFECT – DOES IT WORK? Effect includes what changes, if any, occurred in group and individual attitudes or behavior regarding alcohol. Were the changes the ones that were expected to occur? Were the effort and process worth the time and money spent? Periodic surveys are useful in many situations to measure *effect*.

The evaluation is answering the questions: What did the program set out to do? What did the program do? Why was it done? How did it affect the program participants? What changes did it stimulate in the program? When compared with the stated objectives of the program, this information is what is needed to judge our successes and failures as well as plan for improvements.

What Indicators of Success Can We Use?[3]

Choosing something measurable to indicate the success of our program calls for careful consideration and all our creative thinking. Some projects will be aimed at individuals, and indicators of success might come from a participant's report of how the project affected him or her. Some of these indicators might be:

- For an alcohol education project, increased awareness of individual drinking patterns.
- For a program stressing alternatives to drinking, a participant might report changes in grades or career plans, success with a newly acquired skill, or changes in self-concept such as more self-confidence, more assertiveness, or decreased tension.

The program might use observer's reports of changes in an individual's behavior:

- Two or three friends could report on each other's drinking behavior over a period of time.
- Data on changes in attendance at morning classes, or on the amount of money spent on alcohol, could be recorded and aggregated for a group of program participants.
- Videotape could be used to record human relations training sessions, and outside raters could view the tapes and report changes.

Another source of information might be student logs which could describe, over a period of time, how the students are using decision-making or other newly learned skills. Logs could also describe changes in the use of alcohol, behavior at parties, and general attitude changes.

Those programs, aimed at modifying the environment in which people live and drink in hopes of encouraging responsible use of alcoholic beverages, can measure:

- Changes in school policy on use of alcohol on campus.
- Decreases in vandalism, driving while intoxicated, or other drinking-related arrests.
- Decreases in deaths due to alcohol abuse.
- Increases in the number of activities available as alternatives to drinking in bars.
- Decreases in the number of students treated for alcohol related injuries at the college health center.
- Changes in student-initiated activity and changes in students' undertaking responsibility for planning, cleanup, etc.
- Increases in number of requests for training sessions concerning alcohol.
- Decrease in rowdy behavior in a campus pub.

These lists are only a beginning, and each program can choose indicators that they feel measure what they are trying to accomplish. We should *not* give up our ideas simply because evaluation expertise is not available. As can be seen in reading this *Catalog*, many prevention strategies are very simple, practical projects; and the evaluation techniques employed can reflect the same unique approach used throughout our project development.

[3] Collins, Jake (NCALI) and Rasmussen, Betty (Office of Education), Evaluation Workshop, University 50 + 12 Seminar, 11/22/75.

Intervention and Referral

Development of an alcohol education or prevention program on campus will inevitably lead to inquiries about what to do with the person who is having problems with alcohol. This section provides some suggestions for handling two alcohol problem situations. The first involves the person who is obviously drunk or intoxicated, and the second involves the person who is developing an alcohol problem. In either situation, do not be afraid to seek further help from professional or medical sources. (See "Who Can Help Us?" for what these resources might be.)

Perhaps the soundest advice regardless of the situation is to keep calm and not to panic. It is almost always best to take deep breath and clearly think through the situation before acting. Appearing nervous will probably transfer the anxiety. Acting upset will make it much harder to help the individual. A second guideline is that each person is different and not every situation requires the same action. In other words, be ready for the unexpected.

What if Someone Is Drunk?

Not everyone who is intoxicated needs help, but some do. If the person smells of alcohol, is unsteady, slurs words and appears sick, it is best to find a bed for him. If the individual is rowdy and aggressive, speak to him or her in a clear, firm manner – not laughing, ridiculing, or otherwise provoking anger. Before approaching or touching the person, explain what you intend to do. It is important to reassure the individual that you are there to help. If it is necessary to physically restrain someone, more than one person should be involved. If the person passes out and is not breathing, which might occur from taking a combination of alcohol and other drugs, it may be necessary to perform artificial respiration while waiting for help to arrive.

What Can We Do to Help a Person With a Drinking Problem?

The question may come up during a presentation about alcohol or we may wonder about someone we know: We suspect he or she is having difficulties with alcohol, but is there anything we should look for to support our feelings. Some of the signs of alcohol problems are:

- Blackouts: A temporary loss of memory in which the individual cannot remember what he did, said, or where he was while drinking.
- Drinking behavior changes: Usually the person starts drinking more often or consumes more at one time than usual.
- Avoidance: The person does not like to talk about his or her drinking.
- Chronic hangovers: That morning after becomes a habit or the person frequently has an "eye-opener" to relieve the hangover.
- The person has difficulty studying or working because of drinking.

While these signs may be helpful to identify a person's alcohol problem, much of what we do depends on how well we know that individual and the relationship that has been established. Frequently friends of the person can be enlisted to assist in bringing the individual to help.

If someone close to us does have a problem, do not be afraid to talk about it or, in the other extreme, do not punish, threaten, or preach to the drinker or argue with someone who is drunk. Neither approach is very helpful. Do be a friend and provide concern and support. This does not mean covering up for the person and thus shielding him or her from the actual consequences of drinking. We should also refuse to ride with the drunk individual who insists on driving.

We should learn about alcohol and the helping resources available in our area so that if a crisis occurs we can guide the person to a helping agency. Another good idea is to talk over the situation with someone we trust – an alcohol counselor from a local program, someone from the campus mental health center, a clergy member experienced with alcohol problems – who can help us intervene with the drinker and refer him or her to treatment services. (A set of "Procedures for the Treatment of Employees Whose Use of Alcohol Affects Their Job Performance" was recently developed at the University of Delaware. It is described in "What's New?" beginning on page 80.)

If a friend does seek help for a drinking problem, our continued encouragement and concern are important. The threat of losing our friendship may have been one of the reasons the drinker decided alcohol was causing difficulties in his or her life, so we should include the drinker in our activities and show that we are still interested.

PART TWO
PROJECTS: IDEAS AND REALITIES

Project Ideas

When an ill of man results from multiple causes, it is not sensible to seek a "magic bullet" approach. Rather, the approach to prevention .... should delineate its multiple causes and then attempt to minimize their destructive effects.

Morris E. Chafetz, M.D.
Former Director of the
National Institute on
Alcohol Abuse and Alcoholism

In our society problems related to drinking occur for many and varied reasons. Some maintain that "problem drinking" is only a symptom of an underlying personal problem. While this is true in some cases, it is also a very narrow and simplistic point of view. Alcohol-related destruction involves not only persons with personal problems, but also "normal" people like us. The damage we incur is a consequence of our transportation system, our affluence, our laws, our alienation, and our educational priorities. It is an outcome of our drinking patterns, our prohibitionist history, our drinking environments, and our alcohol advertising. It is a result of all of these things and more. Therefore our approach to this problem must be as *inclusive* and *comprehensive* as possible. The various aspects of the issue are interrelated, and all need to be dealt with. The strategies in this chapter are some ways of doing so.

This chapter is divided into two major sections: *Specific Strategies* and *Nonspecific Strategies.* Specific strategies are those which deal specifically with alcohol or drinking. Nonspecific strategies have to do with broader aspects of life and do not deal specifically with alcohol or drinking. These two basic categories are described further at the beginning of each section.

Within each of these two sections the strategies (or project ideas) are broken down into two subcategories: *Personal* and *Environmental.* In seeking to minimize the destructive effects of alcohol abuse we

are attempting to change or modify behavior. Behavior is a function of personality and environment and their interrelationship. Thus, in attempting to modify behavior we have to look to both the personal development of an individual and to the environment in which he or she is living.

Personal Development

An individual's social skills and strengths, as well as knowledge, will influence his or her ability to make responsible decisions about the use or nonuse of alcohol in a variety of situations. A student who feels good about himself around others is less likely to abuse alcohol than his peer who does not have this positive self-image. The person who is aware of differences in people's value systems and is clear on what is expected of him by his family is less likely to be confused by the variety of influences impacting his drinking choices. The individual who has some knowledge about the effects of alcohol in his body is less likely to be swayed by folk myths surrounding alcohol or to use alcohol in a way that will interfere with meeting his other obligations. A student who has developed various interests and responses to frustration is less likely to seek out social situations where the only activity is drinking.

Certainly this perspective suggests a variety of programing efforts that can be aimed at individuals or groups. One that comes immediately to mind is educating parents (and parents-to-be) and emphasizing the importance of positive role models. Others would include educating people in regard to the facts about alcohol and how it acts in the body, providing information on how to consume alcohol in ways that minimize its effects, encouraging creativity, teaching alternative methods of relaxing, training people to be assertive, etc. Many project ideas along these lines are explored in this chapter.

Environmental Change

When we talk about the importance of the environment we are referring both to the drinking environment and the overall living environment. In regard to the former, those of us who drink have certainly experienced different reactions to alcohol on different occasions. Various aspects of the drinking environment—the lighting, noise level, availability of food and "mixers," friendliness of those we're drinking with, etc.,—influence the way we consume alcohol and the way in which the alcohol affects us. A relaxed comfortable setting can contribute to the leisurely sipping of drinks for example; this minimizes the likelihood of intoxication. On the other hand, a more strident setting can result in the gulping of drinks, which in turn leads to a rapid increase in the blood alcohol level.

Also, drinking in conjunction with other activities tends to slow down the speed with which alcohol is consumed. If in a given situation drinking is the only possible activity, or if it is the activity most encouraged, it seems clear that a greater amount of drinking will occur. This gets into the question of attempting to change the cultural meaning of drinking and trying to make drinking part of a larger context rather than an end in itself.

The overall environment, or the community environment, is equally important. While personal development is involved with strengthening individual resources, here we are interested in strengthening community resources. An individual can be extremely creative, but if there are no outlets for that creativity it is meaningless. Similarly athletics can be encouraged as an alternative activity, but if there are no sports programs or recreational facilities available in the community it will obviously reduce the likelihood of this alternative being used. In short there must be opportunity within the community, opportunity to grow, to experiment, and to find fulfillment. Strategies dealing with the environment are also found in this chapter.

Categorical Overlap — A Word of Caution

All of the above categories are offered as an aide in conceptualizing the programmatic options open to us. As we plan our overall prevention strategy these concepts may serve as a framework for our project ideas and will help us to discuss and analyze these ideas in a more rational manner. However, in some cases the decision to put a particular project idea within a certain category—alcohol specific or nonalcohol specific, personal or environmental—is rather arbitrary. This is not so true in deciding if a strategy is alcohol specific or nonalcohol specific, but it is often true in deciding if a strategy is principally involved with personal development or the environment. For example, freshmen orientation can be viewed as an educational effort which aids the personal development of incoming students by providing them with factual information about alcohol which they can utilize in making decisions which relate to drinking. However, freshmen orientation can also be seen as an introduction to the norms, rules, and regulations of college life—in short, the broad framework or environment in which they will be living for the next 4 years. So it can be viewed not only as an introduction to the existing environment but also as a potential vehicle for modifying that environment.

So a word of caution is in order here. These categories do overlap. Many of the project ideas found in this chapter cannot be compartmentalized—they are much too broad for that. The important thing, again, is that our overall strategy be comprehensive and that it is suited to the college community where it is to be implemented.

SPECIFIC STRATEGIES

Alcohol specific strategies, as noted before, are those which deal directly with alcohol in some sense. They are strategies that attempt to influence what we drink, if we drink, when we drink, how much we drink, where we drink, and even why we drink. They can take the form of legal sanctions designed to prohibit intoxication—or to prohibit drinking for that matter. They can involve laws which regulate the alcohol content of beverages. They can attempt to persuade people, through the media or other educational vehicles, to modify their drinking behavior. They can attempt to change drinking patterns by modifying the social environment. Or they can try to mitigate the destructive consequences of irresponsible drinking patterns.

In general, alcohol specific strategies accept the fact that many people do drink, and that they enjoy drinking. These strategies concentrate on reducing the *abusive aspects* of drinking in our society.

"YOU'LL NEVER MISS THE WATER"

SPECIFIC STRATEGIES—PERSONAL

Alcohol Information Dissemination

Alcohol education and information dissemination are scoffed at by many. "It doesn't do any good!" they say. And yet, since we live in a pluralistic democratic society, what is the alternative? Our political system is based on the premise that an informed electorate will, at least most of the time, make the proper decision; and that, whatever the level of failure, it must be tolerated because the alternative—authoritarianism—is *not* acceptable. If we raise the issue of other drugs versus alcohol in terms of relative destructive impact on society, it seems clear that society does not make its decisions on health issues alone. And the point can be argued that, with our society's experience over the past few years, the use of "drug information" to fight drug misuse in the minds of many has been a failure. But if the drug information campaign was in fact a failure, was it because of the use of information per se, or was it because the information was biased, exaggerated, and even false? On the other hand, our society has chosen to use the drug alcohol, and in the final analysis every individual has to make his or her own private decision in regard to alcohol use, level of use, and non-use. It *is* our responsibility to give people accurate information on which to base that decision.

- Information Centers
  The most common format is a Drug Information Center. Is there already one in existence on our campus? Do they have information on alcohol? Are they aware that the most used and abused drug by far is alcohol?
  There are a variety of ways and locales in which an information center can be set up. The main thing to keep in mind is that there should be *easy access* to the material and that there should be *no stigma* involved in the acquiring of alcohol information. Two good examples of this are the centers at the University of Wisconsin and the University of Arizona.
  Arizona's drug center is located in the main university library and represents a collaborative effort of the College of Education (Dr. Paul Leung), the University Library (Edith Farrell), and the State. The space for the center is provided by the library, and the ambience of the center is academic rather than clinical. Students doing research or working on papers use the Drug Abuse Center regularly.
  The Wisconsin Drug Information Center shares its facility with the Campus Assistance Center which answers people's questions on such varied subjects as registration, voting, V.D., Junior Year Abroad, tatoos, housing, pregnancy tests, health food, and campus movies! A complete description of the Wisconsin Drug Information Center is found on page 76.
- Media
  Media dissemination efforts often play a support role, but they can also be projects themselves—and can facilitate the acceptance of a later project initiative. A full discussion of media tools and strategy is found beginning on page 17.
- Advertisements
  Too often liquor, wine, and beer industry advertising is something less than responsible, and we can combat this with counter-ads or by contacting or, in some cases, pressuring the industry. Recently, staff at California Polytechnic State University succeeded in getting a brewer to modify advertisements which supported "the use of alcohol as a solution to problems." On the other hand, one well-known liquor company has put out ads which state that alcohol should be used for celebrating solutions and not for avoiding problems.
- Posters and pamphlets
  Some of the best and most creative brochures and pamphlets directed at college student audiences have been developed on the campus. A simple but excellent two-page

flyer, found on page 101, was done at the University of Texas at Austin. It attempts to answer a very difficult question: "What is responsible drinking?"

There truly is a need for better and more positive posters (i.e., ones that don't just say "don't drink"). A poster developed by a minority demonstration project in Philadelphia is reproduced on page 98. Its theme is not negative and can perhaps give us some ideas.

- Open House/Displays

  These one-shot kinds of efforts can be useful, and they allow for a lot of creativity. An open house can be used to demonstrate the responsible serving of alcoholic beverages. Be sure such a demonstration is legal on your campus before attempting this! Another approach would be to experiment with social functions where alcohol is not served. Recently an alcohol use and abuse exhibit was designed and operated by students in the Alcoholism Nursing Program at the University of Washington. This was done in conjunction with a Health Services Open House, and the student reaction was quite favorable. The exhibit, entitled "Haunted by Spirits?" was set up with the support of Joan Baker of the School of Nursing and emphasized the belief that alcohol plays a significant role in physical and emotional health. Factual, objective information was presented, and visitors were encouraged to examine and clarify their own attitudes in regard to drinking. Those departing went by a comment box which allowed for direct feedback about the exhibit. A map of the exhibit can be found on page 75.

Alcohol Awareness Campaigns or Days

An awareness week or day typically involves setting up a booth in a high traffic area; the entrance to the main library or the student union is an excellent location. Pamphlets and brochures can be passed out and questions answered. At the University of Rhode Island a booth was set up by a health educator from Health Services. At Arizona an awareness campaign was coordinated with the statewide awareness week, and the booth was staffed by students from the University Alcohol Studies Program.

Obviously an awareness campaign can include some of the other projects discussed in this section.

Symposia

A symposium is a series of speakers or presentations addressing a particular topic. If that topic is alcohol alone, it may not be appealing.

An excellent symposium was recently held at Florida Technological University. It was sponsored by the Division of Student Affairs, the Division of University Personnel Services, and the Student Government. "Alcohol–A Symposium on the Pleasures and Problems" ran over a 4-day period and included a number of interesting speeches and films. The program, which is shown on page 71, was a very attractive one; and yet the attendance was poor. Why? It's difficult to say. It appears that where alcohol or drinking is the sole topic and where attendance is totally voluntary, students tend to shy away. Those who do show up often have or have had serious drinking problems.

One suspects that if the film *Cat On a Hot Tin Roof* or *Lady Sings The Blues* had been shown as an isolated event, rather than as part of an alcoholism symposium, the attendance would have been much better. All of this is not to say that we shouldn't consider the symposium format, but that perhaps the focus should be expanded or that new methods should be tried to guarantee better attendance by the general student body.

Film Festivals

Many of the preceding comments also apply to film festivals. This type of project format has not been tried too often, and of course there aren't too many good alcohol films directed at the university community. But with the development of better films, perhaps on your own campus, it should have a lot of potential. A listing of some films that might be useful begins on page 107.

Speakers' Bureau

Getting people to speak is not that difficult, but establishing a well-run, well-known, and broad-based speakers' bureau is something else again. It can be a very effective educational strategy for us to develop. The first step is to get commitments to speak from a good cross section of the community and to be sure that we have people who can address the different aspects of the issue (the pharmacological effects, community services, the legal system, youth perspectives, cultural comparisons, etc.). The second step is P.R. and publicity.

Drug Analysis Centers

While analysis centers relate mainly to drugs other than liquor, they can nevertheless provide a service in regard to alcoholic beverages too. If a student wants to know the alcohol content of the beer he is drinking, or wants to confirm that a certain liquor is in fact ethyl alcohol of a drinkable proof, there should be a place where this information can be gained.

Role Modeling

The simplest, and yet most difficult, strategy is role modeling. It really is no more than setting a good example—a model which can be followed. In some respects there is no project more effective than role modeling since we learn behavior from each other. And young people, including college students, are very impressionable. They do model their behavior after people they look up to: upperclassmen, teaching assistants, professors, etc. Thus it is vital that we all do try to practice what we preach. This doesn't necessarily mean that we don't drink, but it does mean that we don't push drinks at parties, that we don't drive after drinking heavily, and that we do show concern for someone who has drunk too much.

In a very real sense, role modeling is the most individual of strategies but it also can be promulgated in workshops, training sessions, etc.

Academic Courses

A primary strategy that we should consider is one which takes a look at *how* and *if* alcohol issues are dealt with in various disciplines on our campus. One does not have to get into a philosophical discussion about the role of the university to make the point that a course in contemporary social problems should cover alcohol abuse, or that a management course should touch on methods of handling employees who have drinking problems. We do not want to suggest necessarily that there should be a course devoted solely to alcohol use and abuse, but it is apparent that our number one drug problem is too often neglected. This is a very delicate area, and we do not want to make demands on departments and professors; rather, by involving faculty in our activities, meeting with department heads, and publicizing academic approaches which have been undertaken on other campuses, and we can have a real influence.

Drinking is involved in so many aspects of life that it is difficult to think of a subject where it could not be covered in some way. However, the following departments and schools are those where alcohol research and evaluation have generally taken place: Health, Physical Education, and Recreation, Psychology, Sociology, Social Work, Education, Business, Law, Medicine, Nursing, Public Health, and Pharmacy. Course outlines and descriptions are provided on pages 91 to 94. They represent some possible approaches to the subject.

A very interesting class project has been tried at the University of Wisconsin in the School of Social Work. Professor Evelyn Owens gives the social drinkers in her class the following assignment: They have to go to a drinking party of some kind and conspicuously *not* drink. They are prohibited from offering explanations such as: "It's required for a course"; or "I'm on a diet"; or "I don't feel well." Her students then have to write a paper on their reactions and those of the other people at the party to this "deviant behavior." Some of the papers written have been extremely interesting. Apparently the major thing discovered by the participants is just how difficult it is to abstain; the pressures, both direct and indirect, put on them to drink are tremendous. They learned that people tend to feel uncomfortable when someone around them isn't drinking. Professor Owens feels that persons forced to go through such an exercise will be more sensitive to the rights of those who do wish to abstain.

Seminars

Seminars and summer schools which focus on drug and alcohol problems are relatively common. These sessions usually last 1 to 2 weeks, and often represent a collaborative effort between the college, the community, and the State. They tend to be directed at professionals in the field, though, and the emphasis is on treatment and rehabilitation. Nevertheless, they represent excellent educational vehicles, and we should encourage the development of seminars that are open to the general student body and/or which deal with primary prevention more fully.

A brief description of a seminar held at the University of South Carolina can be found on page 69. This seminar was open to both undergraduate and graduate students and discussed drug and alcohol problems in the community.

Individual Research

Very little research has been done in the area of primary prevention. Even less has been done in looking at how modifications of the social environment can alter drinking patterns and/or reduce alcohol-related destruction. This is a gold mine in terms of its investigatory possibilities. Are there viable alternatives to drinking? TM? Music? Painting? What is the effect of drinking regulations and laws? What differentiates the abstainer or light social drinker from the heavy drinker? Does the shape of the bar (the counter) or lighting in a drinking establishment have any influence on the level of conversation and drinking going on?

These are just a few of the issues that need to be explored. Certainly a comprehensive prevention strategy should make us look at how research in this area can be encouraged on our campus.

Workshops Focusing on Drinking Attitudes

Workshops are an excellent format for getting people to examine their attitudes in regard to drinking and nondrinking. The important point here is that with awareness of our attitudes toward drinking we can hope for a clearer understanding of our drinking behavior and possibly modification if necessary.

The use of the workshop as a strategy tool is discussed on page 16.

Small Group Educational Programs

Rap sessions can be used in a variety of situations and with different types of individuals. Perhaps a faculty member would like to take part in a rap session with students.

Do there already exist "free university" or extra curricular courses on our campus? If so, can we get alcohol introduced as one of the subjects to be covered? Or is there already a related minicourse that discusses drinking? For example the Union at the University of Wisconsin has a "Bartending at Home" minicourse.

Peer Counseling/Peer Alcohol Educators

Clearly the training and utilization of peer counselors and peer alcohol educators can be a crucial part of any comprehensive program aimed at lessening alcohol abuse. These are steps which, by definition, offer more than lip service to the concept of student participation.

Peer counselors and alcohol educators are not limited to the "dorms"; they can, in fact, serve the entire campus. The University of Massachusetts has developed a training program for both peer counselors and peer alcohol educators; they are described fully in the appendix beginning on page 86 and page 89.

Volunteer Projects

- Student Detoxification Teams
  Such teams could be created in the community, on the campus, or within a living unit, to take care of individuals who have become intoxicated. Such a team would present an option to the local police. It also would allow for constructive intervention by one's peers.
- Student Speakers/Volunteer Groups
  On many campuses there already exist volunteer or service groups. We need to try to get these persons involved in prevention activities. College students tend to have much credibility among younger high school and junior high students and would be ideal people to discuss alcohol abuse and use with teenagers. Possibly a student speakers' bureau could be set up, utilizing a screening process for selecting speakers.

Breathalyzer Campaign

As Dr. Joel Fort has written: "Breath analysis is absurdly simple; one merely breathes into a tube." Breathalyzers are not expensive and can be easily mass-produced. Certainly if every drinking establishment had a breathalyzer it would be an excellent use of "specific" biofeedback.[1] Perhaps it could be provided like a pay phone or a pinball machine, and cost little to use. Of course, there would be those who would try to see how high they could raise their blood alcohol concentration (BAC), but for most people it would provide a real service and a protection. Plus, it would be instructional and provide feedback which could lead them to modify their drinking habits.

On a more limited level a breathalyzer can be used to educate and collect data—perhaps in conjunction with an awareness week or survey. Some time ago an imaginative student at Kent State University, Joseph DiFeo, took a breathalyzer into some student bars and did some interesting research. His data, rough as it is, is reproduced on page 77.

[1] See page 48.

SPECIFIC STRATEGIES – ENVIRONMENTAL

Changing the Cultural Meaning of Drinking

As we discussed earlier, too often drinking is viewed as a means of problem solving; too often it is the prime focus of our leisure time activities; and too often getting drunk is the very reason we drink. What we must attempt to do is modify these destructive tendencies by encouraging attitudes and behavior which are more positive and responsible. In other words, one way of increasing the level of responsible drinking is to encourage the use of alcohol as an adjunct to other activities. One method of doing this is by permitting drinking in recreational settings. Suppose we recommend that beer be allowed, on an experimental basis, in the student bowling alley or pool room. It is, at the least, very difficult for beer to be the prime focus when you are engaged in a competitive game.

Another variation of this strategy has been tried at the University of Florida where theme nights or dinners have been introduced during which beer is just one of the beverages served. In this context the theme activity or the dinner remains the focal point.

Transportation for Off-Campus Drinking

Students should not have to drive their cars to be able to drink. Yet in many areas, and for different reasons, they do have to. One of the best responses to this problem took place at the University of Notre Dame. Notre Dame is located in Indiana where the minimum drinking age is 21. Knowing that students would be driving up to Michigan where the drinking age is 18, the student government set up a commuter bus service so that private automobiles would not have to be used. This project (which is described on page 77) is an excellent example of a prevention strategy which does absolutely nothing to change the way people drink, but which has a direct impact in reducing alcohol-related destruction.

Pleasure Enhancement Ideas

Students drink, as do most people, because they *enjoy* drinking. To deny that there are pleasurable aspects to drinking is not only hypocritical for the majority of us who do drink, but it also impedes the realistic dialog needed to achieve responsible drinking norms and to remove the ambiguity which surrounds alcohol in the United States. This is not to say that everyone *should* drink; indeed, pleasure for many does not involve the use of alcoholic beverages. But, for the majority of students who drink at least occasionally, alcohol can be used pleasurably *and* relatively safely. This section is devoted to enhancing those pleasures.

What is pleasure? A gratification of the senses, a feeling of pleasantness, an agreeable sensation—these are some of the common definitions. Let us state at the beginning that there are many sources of pleasure in life, and that a dependence on one to the exclusion of all the rest is not only unhealthy but also rather boring and usually less pleasurable. Furthermore, when the pleasure source tends to become an end in itself rather than contributing to other aspects of one's life, such as friendship, creativeness, productivity, sexual fulfillment, etc., it actually *diminishes* the overall pleasure and the quality of life. This applies not only to drinking but to eating, meditation, sex, sports, or whatever pleasure turns us on.

Generally speaking, pleasurable drinking means moderate drinking. But here we get into problems of definition. What is moderate drinking? Heavy drinking? Drinking to get high? Drinking to get drunk? Certainly there is nothing *pleasurable* about being completely intoxicated: unable or hardly able to walk, unable to converse coherently with friends, senses dulled, blacked out, unable to perform sexually. In fact, some students who say they are drinking to get drunk imbibe a variety of liquids beforehand so that they *don't get drunk.* They recognize that they do not really want to get drunk and realize that being drunk is neither pleasurable *nor* responsible.

With the above considerations in mind, let's look at some ideas for making drinking more pleasurable, more responsible, and safer.

- Importance of the Setting
  Ideally alcohol is sipped slowly, consumed with food, and partaken in the company of others in a relaxed, comfortable environment.

Kingsley Amis, in his book *On Drink*[2] writes: "The human race has not devised any way of dissolving barriers, getting to know the other chap fast, breaking the ice, that is one-tenth as handy and efficient as letting you and the other chap, or chaps, cease to be totally sober at about the same rate in agreeable surroundings." (It should be added that many people *are* able to cease being "sober" without using alcohol). Perhaps the epitome of disagreeable drinking surroundings is the cocktail party where drinking is usually done standing, where alcoholic beverages are gulped rapidly with the barest minimum of food, where people do not listen to each other, and where the only objective is to drink and get drunk. To truly engender the pleasurable responses of relaxation and socialization that alcohol can provide, we should encourage a safer drinking atmosphere—whether we're talking about a bar, a home, a party, or a pub—which includes the following:

1. The atmosphere should be relaxing, i.e., people should be greeted and spoken to, and if appropriate, introduced to other people; they should be able to sit down, or at least the room should not be overly crowded.
2. There should be no pressure to take or order a drink; nonalcoholic beverages should be available.
3. The room should not be so dark that people can't see where they're walking or what they're eating and drinking! It should not be so bright as to be glaring and uncomfortable.
4. Admittedly people have different tastes in music, but hopefully the volume level will at least not inhibit socialization.
5. There should be varied and ample food available; this doesn't mean that one has to serve expensive food, but it does mean serving more than a bowl of potato chips.
6. There should be activities going on besides drinking; minimally this means real conversation (i.e., communication), but it also could mean dancing, games, and (in the case of a picnic or somebody with a big yard) sports.

- What Food With What Drinks?

  Serving food with drinks is not only more sensible (in that it can slow the rate at which the body absorbs alcohol and thus help avoid drunkenness), but it also truly enhances the pleasure of both the drinks and the food. If we're having a large party and serving a variety of alcoholic and nonalcoholic beverages, we should consider the following:

  High protein edibles are especially good because they stay in the stomach longer. A few relatively inexpensive snack suggestions are cheese and crackers; Swedish meatballs; hard-boiled, pickled, or deviled eggs; cheese fondue; ham or sausage biscuits; broiled chicken livers; cheese pizza; and bite-size cold cuts. If we have a little more to spend, sliced turkey and beef are good, as are shrimp and crab meat with a dip. Another possibility is a tray of crisp vegetables such as carrots, celery, cauliflower, and radishes with a protein dip such as cream cheese or sour cream. (A few simple party food recipes are found on page 118.)

  Suppose we're just serving *beer*. Well, anyone from Wisconsin will tell you that bratwurst goes with beer, but if we can't find any "brats," then the plain old American hot dog will do—and what's a more universally liked or less expensive food? Just make sure hot mustard and onions are available; the latter may not help the socialization process, but there is always some risk no matter what you serve! Kingsley Amis also feels that beer goes well with eggs and bacon, eggs and chips, baked beans, sausages, and curry. Other basic and simple things that go well with beer are hamburgers, fried chicken, barbecue sandwiches, tacos, and "soul food."

  On the other hand, if our tastes run to wine, we have some other options. Spaghetti and garlic bread, or pizza, go great with Chianti. And, or course, a variety of natural cheeses go well with a variety of wines. White dinner wines (Chablis, Rhine Wine, Sauterne, etc.) bring out the best in chicken, seafood, and other light meats. Red dinner wines (Burgundy, Claret, Chianti, etc.) go admirably with heartier foods such as steaks, chops, roasts, and stews. Virtually any food goes well with Rosé wines and sparkling wines (Champagne, Sparkling Burgundy, Cold Duck, etc.)

  For more on wine, see the following section.

- Wine Courses

  According to the Wine Institute, over 200 campuses now have wine appreciation courses, and as many as 600 schools have wine

[2] Amis, Kingsley, *On Drink*, New York: Harcourt Brace Jovanovich Inc., 1973, page 12.

studies of some sort going on. Certainly a wine appreciation course can add a positive–and responsible–note to any prevention strategy we might try. A "wine tasting" can be used as a fundraising activity as well as demonstrating a responsible use of alcohol.

The Wine Institute, whose address can be found on page 129, offers a variety of materials such as "Teaching the Introductory Course in Wine Appreciation," "Wine in Home Economics," and "The Proper Use of Wine." The latter maintains that "almost any program in wine appreciation will also be a course in the responsible use of wine. When information is offered on the sensory pleasures of wine, on the taste harmonies it produces in combination with other foods, on the color, bouquet, aroma, and pleasures of slowly savoring wine, this information is sure to promote the safe, responsible use for which the beverage is intended." It also stressed that drinking is a matter of personal choice, and that "wine should not be urged on those who choose not to drink it."

Finally, on page 95, there is a description of a "Wine n' Dine Program" (provided by the Wine Institute) which was initiated at the University of Northern Iowa. This appears to be another kind of positive project that we could get going.

- Cooking With Wine and Beer

  Related to the above is the art of cooking with wine and beer. Certainly this is a responsible and pleasure enhancing use of alcohol, and one suspects that a course teaching how to cook with wine and beer, or perhaps a French cooking class, would meet with great acceptance on campus.

  Just to give us some ideas, a few recipes are included in the appendix on page 120.

- Entertaining and Serving Etiquette

  Besides the suggestions offered in the above section on the "Importance of the Setting" the following guidelines can make our social occasions more pleasurable, proper, and responsible–for both ourselves and our guests.

  1. Don't make "booze" the primary attraction of the party. If all we have to offer our guests are drinks, then it doesn't say much for us or our party.
  2. Try to make people "feel at home." This does not require that we immediately put a drink in someone's hand.
  3. Encourage activities other than drinking–games, music, talking, eating.
  4. Give equal time to both alcoholic and nonalcoholic beverages. Some people, for a variety of reasons, do not wish to drink on all occasions (maybe there's a final exam tomorrow), and a person should be able to get a soft drink without a lot of hassle.
  5. Food is vital.
  6. The nonalcoholic beverages should not be so "blah" as to turn off all but the strictest of abstainers. A couple of counter-cocktail ideas (i.e., without alcohol) are found on page 119.
  7. Unless our party is somewhat formal, the guests will probably mix their own drinks. Happily this precludes the possibility of our pushing drinks on people who don't want to drink, but it also makes it incumbent on us to have several jiggers at the bar so that guests can measure exactly how much alcohol they're putting in their drinks.
  8. If we're going to serve an alcoholic punch, we should make it with a noncarbonated base. Alcohol is absorbed by the body much faster when combined with a carbonated mixer such as ginger ale. Fruit juice or tea is a preferable base for party punches; one recipe can be found on page 119.
  9. We should be sure that noncarbonated mixers (such as plain water) are readily available at the bar.
  10. A really good party centers on good conversation, good music, and people interacting and enjoying one another's company. Fostering this interaction is part of our job as hosts. If we see someone alone, especially a person who is drinking too much, we should engage him or her in conversation and try to get him or her involved with the group.
  11. We should stop serving alcohol about an hour before the party is to end. Sure, a few people might get upset, but, by offering food or nonalcoholic beverages (such as coffee) during the last hour, we are giving the guests extra time for their bodies to absorb the alcohol they have consumed. In turn they will be less likely to have a hangover the next day; and, for those driving home, it will be safer with a lower alcohol content in their blood.
  12. If we really care about the people we have invited to our party, we must concern ourselves with how they get home. This is especially true for those that have had too much to drink–too much of the

alcohol *we* provided them. If one of our guests is intoxicated, we should urge the person to stay overnight, or call a taxi, or take the person home. It may sound a bit drastic, but in extreme cases we should take or hide the keys from a person who has been drinking excessively. It is not only the drinker's life that is in danger, but also the lives of others on the road.

13. Finally, keep in mind that when we and our guest wake up the next day *without* a bad hangover and *remembering* that we had a good time, ate some good food, and, yes, drank some good drinks—then we can be sure that we were serving alcohol in a truly proper and pleasure-enhancing fashion.

Freshmen Orientation

As mentioned earlier, there are tremendous pressures to drink on the campus and some drinking practices are less than responsible and constructive. More than anyone else, the entering freshman is susceptible to these pressures. This, of course, is not to say that he or she has not experimented with alcohol before, but rather that the desire to belong and be accepted is so strong for a new student that responsible decisionmaking may not occur, and alternatives may not be considered. Some lowerclassmen think they *have* to get drunk every weekend.

The purpose of the freshmen orientation in relation to drinking should be to communicate relevant administration policies, to give incoming students solid information about alcohol and drinking practices on the campus and to make them aware that there exists a variety of options from which they can choose. The drinking information we provide does not have to be a series of negatives; we can view our role as providing them a real positive service. For example, are there places where drinks are sold that a female can safely enter without an escort? Where is the best food?

- Non-Credit
  Freshmen orientation sessions generally are held during registration and tend to be informal. However, in attempting to convince the administration that drinking information should be furnished during these sessions, we should not ignore other possibilities. We could pass out leaflets during registration activities (and probably get to a lot of students who would pass up the voluntary orientation activities); or we could try to get drinking information published in the special orientation issue of the student newspaper.
  A pamphlet developed by Michael A. Looney at California Polytechnic State University for freshmen is found on page 99.
- Credit
  Another possibility is to offer incoming students drinking information (as well as other related information) via a one or two credit course open to lowerclassmen. The chance to earn credit would certainly increase the orientation's appeal to students. At the present time a graduate student named Arch Moore is attempting to get such a course initiated at North Dakota University.

Student Handbooks

This is another very basic information item, and one which usually achieves a high circulation. Sometimes alcohol information is included in the general student handbook which describes student activities, student housing, academic policies, etc. However, when it is, it usually is limited to a statement of the university regulations. For example, the University of Vermont handbook contains the following:

CONSUMPTION OF ALCOHOLIC BEVERAGES WITHIN STUDENT ROOMS IN UNIVERSITY RESIDENCE UNITS IS A PRIVILEGE ACCORDED ANY STUDENT WHO IS 18 YEARS OF AGE OR OLDER.

Permission for use of alcoholic beverages at University student social functions may be arranged on request to the Office of the Dean of Students so long as the following stipulations shall be observed:

1. No alcoholic beverages may be possessed or consumed at any sponsored event open to the public, at any *all* University event, or on University property except in residence units.
2. No student under 18 years of age shall possess, use or be served alcoholic beverages; and any person who deliberately or knowingly facilitates violation of this regulation by minors shall be held accountable for disciplinary action.

It is desirable that the university policy in regard to drinking be spelled out in the handbook, and if this is not the case at our school, it is a situation which requires our attention (see below). But it would even be better if information and/or guidelines were included with the policy, or under student activities. To the credit of the University of Vermont, it should be pointed out that they do have a section in their handbook which describes bars and restaurants in the community and indicates whether they are inexpensive (I), moderate (M), or expensive (E).

Another kind of handbook where alcohol infor-

mation can be included is that for a student health service or the counseling center. A very excellent drug handbook was developed at the University of Michigan by the Drug Information Project. The introduction to this handbook, along with the section on alcohol, is found on page 103.

Drinking Policies and Regulations

This is a very touchy and difficult project area, and yet one which can be important. We first have to consider what the policies are (assuming there are any), and whether they are known and enforced. Often the university policy is a reflection of the State laws, and before we start pushing the administration to make changes, we should be sure that it is within its power to do so. However, where contradictory and questionable policies do exist, we should encourage their modification or elimination.

Another possibility is to develop regulations, with the administration approval, which focus on drinking behavior rather than the drinking per se. Often this can be tied in with existing policies relating to student conduct. Obviously, student participation in the development of these regulations is vital, and what we are really after are not negative regulations, but agreed upon behavioral norms.

Living Unit Programs

- Training/Alcohol Education for Living Unit Staff

  By living unit staff we mean resident hall directors, resident assistants (R.A.'s), peer counselors, etc. We also mean anyone who would perform similar functions in fraternities and sororities. These are people who have to deal on a day-to-day basis with the use and abuse of alcohol. During the initial training or orientation sessions in September (or whenever) we could encourage the incorporation of a module into the program. Basically such a program should give factual information and some tentative guidelines about how to approach drinking and drinking problems in the dorms. (A 2-hour module is part of the program at Indiana University; see page 64.)

- Drinking Behavior Standards

  We have previously discussed the need to develop a societal consensus in regard to drinking and drinking behavior. To approach the issue in isolated terms of how much one should drink, or whether one should drink at all, tends to be counter-productive because there are so many variables relating to the individual, the place, the circumstances, etc. We can avoid these problems and develop a more constructive dialog with students by concentrating on drinking behavior. It should not be impossible to get some agreement on what kinds of drinking behaviors are appropriate or acceptable, and which ones are not, within living units. And certainly any success in this area can give us hope that a societal concensus can be achieved given time and effort. There is a program along these lines at Moorhead State University in Minnesota which has had some success. It is based on the occupational model and is described on page 63.

- Fraternity/Sorority Projects

  Greeks are often thought of, correctly or not, in terms of their drinking traditions, and thus they represent a population that may not be very open to discussion about their drinking behavior. However, even among Greeks some houses have a reputation for irresponsible drinking; and many people are less than enthusiastic about spending every Saturday night in a fraternity basement with two inches of beer on the floor. These two circumstances should convince us that there are project possibilities in sororities and fraternities, and that the development of behavioral standards is not impossible.

  It has been suggested that something as simple as posting "Rules of the House" in each Greek house would be a good way to get people to think about drinking behavior, and at the same time it could help deter property damage.

Alcohol Use and Abuse Surveys

A drinking survey is a valuable device to get a better understanding of the issue, to help resolve our priorities, and to get publicity and support.

An example of a good alcohol use survey that was done recently at California Polytechnic State University is found in the appendix, beginning on page 59. It was conducted on the San Luis Obispo campus by Leo W. Pinard, Ph.D., with the assistance of health educator Michael A. Looney. The survey was an attempt to "identify where, when, why, what, and how much certain groups and populations drink in an attempt to identify those specific groups which will hurt themselves or others by their drinking." Another questionnaire, developed by Dr. Ruth Engs of Indiana University, is reproduced on page 66.

Student Jobs

One project that might be tried relates to student jobs, work-study programs, etc. Isn't it possible to get the administration and the faculty to allocate some of these jobs to prevention efforts and research? With so

many students complaining about make-work, it shouldn't be hard for us to get some jobs diverted to more constructive and meaningful tasks.

Serving Alcohol on Campus

Assuming alcohol beverages are not already sold on campus, this is clearly one of the most popular project ventures we could initiate – popular at least from the point of view of most students.

A recent survey by the Licensed Beverage Industries of 429 colleges (approximately one-fifth of those in the Nation) found that 102 had a place on campus where students can drink. This is a trend which will probably continue due to the fact that it is now legal to drink at least 3.2 beer at 18 years of age in 30 States, and at 19 in 7 more States. (In 20 States the legal age for the purchase and consumption of *all* alcoholic beverages is 18).

First, it should be emphasized that there is no *one* best way, place, time, or environment to serve beer and wine on campus. (At most schools, beer and/or wine are the only alcoholic beverages sold). This is because there are so many factors involved and because varying formats have seemed to work at different schools. Second, the overall impact of the drinking environment on drinking patterns and behavior is a subject which requires further investigation and analysis. Colleges which are considering establishment of drinking places on campus should view this as an opportunity to experiment with more responsible drinking environments. It should be added that the majority of schools that have tried serving alcohol beverages on campus appear to be satisfied with the way it has worked out; problems have generally been negligible.

Though varying formats do work, there nevertheless is general agreement that the following elements can result in a more positive drinking environment:

- The room or hall where alcoholic beverages are served should not be cramped; patrons should be able to sit down and relax.
- Food should definitely be served. (This is a serious omission at many colleges.)
- If there is music, it should not be played so loud that people are unable to converse.
- Those in charge (managers, bartenders, or whoever) must in fact be in control, and it must be made clear that unruly behavior and drunkenness will not be tolerated.
- The illumination should be light (for a cafeteria location) to semi-dim (for a pub style location), but not bright or dark.
- Unless food is the prime focus, the hours (availability) should be controlled in some respect; at the University of Maine at Orono, the place where students drink in the Union does not open until 4 p.m.
- Efforts should be made to insure that drinking per se is not the principal or only activity occurring; minimally this means people are also eating and talking, but ideally it also means they're dancing, playing pool or pinball, reading the newspaper, drinking coffee, or even studying.

Two extremely different, but responsible, drinking environments are represented by the Senior Club at the University of Notre Dame and the Rathskeller at the University of Wisconsin at Madison.

The "Rat" in a lot of respects looks like a large open cafeteria. At the end of a long food line, along with soft drinks and coffee, are a couple of beer taps. This is *the* student meeting place on campus. It is frequented from early morning until late at night. Students study there, read the newspaper, talk, argue, sit out on the terrace, and some even drink beer. No big deal is made of beer. It's just another beverage. Can you get a beer with your breakfast? Sure, but just as students tend not to order cola at 9 a.m., it is as unusual for someone to order a beer that early. And the only unruly behavior that has ever occurred in the "Rat" has had to do with student activism, not with student drinking.

The Senior Club at Notre Dame is a completely different environment and shows what can potentially be done in a State where the minimum drinking age is 21. Certainly drinking is one of the major activities, but it is controlled and responsible. A brief description of the Senior Club is provided by Diana Merten, a student from Notre Dame. It appears on page 77.

Modification of Community Drinking Environments

Taverns and bars sell themselves (or at least the organizations representing them do) as the "friendliest place in town" – neighborhood centers where people can go to talk with their friends and have a good time. Most of them do *not* sell themselves as dens of iniquity, not only because of potential problems with the law, but also because it is not apt to increase their clientele or profit margin. In short, the vast majority of drinking establishments are open to messages about how to serve alcoholic beverages in a way that encourages enjoyment of the establishment as well as the drinks.

- Many of the comments found in the discussion of desirable drinking environments on campus apply just as well to community establishments. Food, for example, can not only decrease the likelihood of drunkenness, but can also increase

the popularity of a bar. Activities such as pool and pinball can do the same.

- Drunken patrons can cause as much damage to a bar as they can to the community at large; thus some kind of low-key educational effort on our part to discourage irresponsible drinking and irresponsible drinking behavior may very well be welcomed by owners and bartenders.
- Two other project areas which relate to the drinking environment are the development of methods to get intoxicated customers home without their having to drive, and the training of bartenders (or "beverage hosts") in how to deal with problem drinkers. Those are dealt with in the following section.

Another important point for us to keep in mind in attempting to initiate programs in this area: service clubs and organizations representing the bar owners are very good groups to work with.

Programs to Get Intoxicated Persons Home Safely

This can be a very valuable kind of project; it doesn't change drinking patterns but it obviously does a lot to cut down potential destruction and death on the road. There are a lot of ways that this has been tried, and others that we could attempt. Here are a few:

- Encourage the police to take persons home who have had too much to drink.
- Work out an arrangement with taxi companies to get drunk persons home and be reimbursed later by some cooperating civic group (this service can become an expensive operation unless we maintain some control over its use, or unless some portion of it is donated).
- Encourage bar owners to set up a small fund (a "kitty") in each of their establishments; customers could contribute to the fund and it would be used to pay the taxi fares of persons unable to drive.
- Set up a student volunteer program which would provide this service.

Bartender Training

More and more bartenders do receive training these days, and it should not be that difficult a task for us to get some "positive" drinking material incorporated into that training. This training in many cases already does cover how to deal with an intoxicated patron, and it can easily be expanded into crisis intervention, counseling, and referral techniques. The training could also include guidelines as to when further drinks should be denied to a patron, and methods for maintaining control and discouraging drunkenness.

In Pittsburgh the Bartender Institute, through the efforts of the United Mental Health Agency in that city, has been involved in a program which "educates bartenders in ways of identifying the warning signs of alcoholism, teaches them techniques for primary counseling, and briefs them on various agencies to which they can refer individuals." A more recent program along this line is described on page 79.

Lobbying for Changes in Liquor Laws

It is generally agreed that the laws, ordinances, and regulations that relate to drinking in this country are a hodgepodge of varying approaches and contradictions. What is suggested here is that we simply take a look at the laws in our State and community and analyze them, and, if we see room for improvement, communicate our views to the persons who represent us. The student government at Notre Dame, for example, has been involved in a lobbying effort to get the drinking age lowered to 18. But, obviously, when we talk about liquor laws we are referring to much more than the legal drinking age. The references on page 123 include an article by Mark Keller on this subject.

Another thing to keep in mind is that we should use the publicity generated from such efforts to advance related prevention activities.

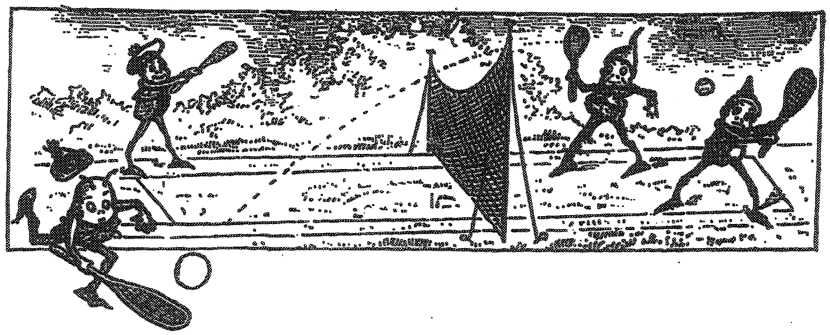
Police Training

More than any other group, it usually is the police, both the campus and the city, who get stuck with handling drunk and unruly students (as well as others). Police may get some training in how to control violent behavior, but what we suggest here is training which would make police officers more sensitive and knowledgeable in regard to alcohol-related problems. At Indiana University the campus police assisted in making a film concerning responsible use of alcohol.

NONSPECIFIC STRATEGIES

As discussed previously, nonspecific strategies are those which offer alternatives to drinking, attempt to facilitate interpersonal relations, encourage responsible decisionmaking, etc. They do not deal *directly* with alcohol and drinking, but rather with other aspects of life which may in turn influence whether or not people drink, and how much and how often they drink. The rationale behind these strategies is that if people have friends, if they aren't bored, if they are confident in themselves, if they are capable of making intelligent decisions that are in their own best interests, if alternative ways exist to relax and reduce tension — then it is less likely that alcohol will be abused.[3]

The project ideas that follow are meant to show the broad scope of things we might get into. Some of them may seem far afield from the alcohol issue, and others are of such magnitude that they could overwhelm our alcohol-oriented objectives. But if we are serious about setting up a *comprehensive* program, then we cannot ignore the nonspecific strategies. For to do so would be to ignore the very roots of much of the alcohol abuse in our society. At the very least, we must examine the quality of life on our campus and in our community and try to deal with those aspects that we find most lacking.



[3] There is an excellent publication put out by the National Institute on Drug Abuse (11400 Rockville Pike, Rockville, Md. 20852) which could be a great help to us in doing programing in this area. It is called ***Alternative Pursuits for America's 3rd Century: A Resource Book on New Perceptions, Processes and Programs — with Implications for the prevention of drug abuse.*** Some of the ideas in this *Catalog* section were taken from that resource book.

NONSPECIFIC STRATEGIES — PERSONAL

Creativity Building

As most of us know, there is a real pleasure in creation. Unfortunately for a generation of young people brought up in front of the "the tube," the skills (as well as the opportunities) needed to create have never been developed. Are there not ways for us to teach and encourage students to build and make things? Cannot the creative disciplines be opened up? One college president, Richard Payton, has suggested that the arts faculties of campuses "become the focal points of positive action," with "working artists and artisans" guiding young people "into activity that is in itself fulfilling and purposeful."

Physical Activities

Couldn't we put out a pamphlet on the values of jogging? Are there places where people *can* jog? What about exercising? Is our college gymnasium and/or pool open to all students? Can't we publicize their hours? What about swimming lessons, bicycle paths, tennis lessons, movement workshops, massage clubs, etc.?

Enjoying Another Person

Much alcohol abuse is attributed to loneliness, social inhibitions, and sexual frustration. Are there opportunities for encounters between males and females? If a person is without a date on Saturday night, is a local bar his only option? Do we have a dating service on campus? For persons who have serious problems relating to others, is there counseling available?

Meditation

Various forms of meditation represent constructive ways of achieving self-awareness or a "drug-less high." Two of the most popular are:

- Yoga — an ancient mind-body philosophy whose roots are in India. Oversimplifying, it is the effort to liberate oneself from the "illusory world of sense perception, seeking union with the universal soul," through cleanliness, concentration, and exercises. Self-awareness and volitional control over neurophysiological processes (ordinarily beyond the reach of conscious manipulation) are achieved by way of a meditative state of highly concentrated, inward focused attention.[4]
- Transcendental meditation (TM) is a simple procedure in which an individual sits with eyes closed and mind somewhat passively focused inward on a repeated sound for about 20 minutes at a time. Profound feelings of relaxation and well-being are reported by many, and it has even been possible to scientifically measure the physiological effects. TM has great appeal for students, as well as professionals and businesspeople, and has been linked in many cases to a diminuation or abandonment of drug abuse.[5]

Biofeedback

Biofeedback, in some respects like yoga and TM, is a way for us to get into contact with ourselves. More specifically, biofeedback (or physiological feedback or instrumental conditioning) is the use of electrical or mechanical devices to present to people information about their internal physiological functions (which are usually considered involuntary) so that they can learn to control those functions. We are really saying two things: (1) a person can become aware of a formerly unknown internal state through mechanical means, and (2) a person can be trained or conditioned to produce the subjective state which will influence or control that physiological process.

It would appear that biofeedback can be a very effective means of getting in touch with oneself, and

[4] Gattozzi, Antoinnette A. Voluntary control of internal states, in National Institute on Drug Abuse, *Alternative Pursuits for America's 3rd Century*, 1974, page 64.

[5] Gattozzi, Antoinnette A, and Luce, Gay, A Meditation Technique to Curb Drug Abuse, in National Institute on Drug Abuse, *Alternative Pursuits for America's Third Century*, 1974, p. 69.

this has potential as an alternative means of achieving relaxation.

Values Clarification

Values clarification does *not* mean imposing our ideas, thoughts, or values on other people. According to Dr. Ruth Engs, it is helping people to discover their own attitudes or feelings about an issue so they can choose freely from alternatives after careful consideration of the consequences of each alternative.

The assumption here, of course, is that when people think about the consequences of their actions, they will behave more responsibly – in relation to alcohol as well as in other areas.

What we are really talking about, at least in part, is showing people how to avoid indoctrination and how to think clearly. This surely should be a fertile project area on the college campus! Does buffered aspirin *really* reach your headache faster than plain old aspirin? When a certain beer is alleged to provide us real "gusto" are they implying more than just enjoyment (which may be present)? Or are they suggesting instantaneous vitality and vigor (which are not provided or, at least, are very shortlived)?

But attempted indoctrination is not only a Madison Avenue phenomenon. As Dr. Sidney Simon has written:

> We desperately need men and women who know who they are, who know what they want out of life, and who can name their names when controversy rages. We need people who know what is significant and what is trash, and who are not so vulnerable to demagoguery, blandness, or safety.

Assertiveness Training and Power Needs

It has been theorized by researcher Richard E. Boyatzis that people drink to fulfill their power needs – that due to "cultural wide concerns," one's "place in the social structure," or "social demands," a person seeks "outlets which will make him feel more powerful." It appears that drinking alcoholic beverages is certainly one of the easiest ways for a person to satisfy his need to feel important and strong, but it is not the only way, nor the most constructive way.

While this theory has been discussed largely in terms of treatment, it clearly can be related to primary prevention. *Power Motivation Training* – a concept advanced by Boyatzis – asks people to think about "ways to act and things to do" to make themselves feel more powerful or in control. It also gets them to "practice skills in ways of handling arguments, conflicts, tension, pressure, and boredom" which make them feel powerful, and to "describe specific actions" in their "personal plan for future growth and development."

In other words what we have to do, at least in part, is make young people realize that they can control their own destiny – that they can in fact have an influence on their lives and their society. We have to show them at every opportunity that fatalism as a personal philosophy is the supreme cop-out.

Closely related to the above is ***assertiveness training.*** Assertiveness training is normally directed at women because of the sexist upbringing which teaches them to be beautiful, feminine, alluring, passive, supportive, and which strongly discourages any behavior which smacks of assertiveness. Thus the skills needed to assert oneself are never developed. A continuing education Assertiveness Training Course at Georgetown University is described as follows:

> **Many people recognize the need for appropriate assertiveness, but the insight alone produces no change. This course will emphasize learning more effective ways to express both positive and negative feelings in an honest and direct manner. The differences between unassertive, assertive, and aggressive behaviors will be discussed and illustrated. Behavior therapy techniques including hierarchy construction, social modeling, behavior rehearsal, coaching, and relaxation training will be employed to facilitate the use of this course as a "laboratory" in which group members can freely experiment with new interpersonal behaviors. The major objective will be the teaching of socially appropriate, self-enhancing approaches to life situations which will assist women to become assertive in ways of their own choosing.**

One aspect of the above approaches is skill building, but another is remedying a submissive state of mind. When someone is turned down for a credit card, or ripped off by an automobile salesman, or turned off by a congressman, or denied a promotion – there are ways and methods to rectify these situations.

Exploration of Human Sexuality and Sex Roles

Probably no project we could initiate would achieve more popularity than one involving human sexuality. Students may not be interested in attending a lecture or a workshop, or picking up a brochure about alcohol; but make the subject sex and we've probably got a packed house. This is as it should be since it is unlikely that there exists a

greater alternative satisfaction than sex, accompanied with its effect on one's feelings of self-fulfillment and self-esteem and the related satisfaction of achieving a deep and meaningful relationship with another human being.

Despite the so-called "sexual revolution" many people still feel ill at ease with their sexuality. There exists unconscious guilt – "we grew up feeling that sex was bad or dirty in some way, which keeps us from actively finding out why our sex isn't better."[6] This may inhibit the openness and honesty which are necessary for a satisfying relationship, and in some cases it may repress all meaningful sexual activity. No manual or workshop can teach someone how to enjoy sex, but through a sharing of experiences and problems, people can gain a knowledge of their own sexuality and develop a sensitivity to the needs of those they love.

Related to the above is the need to examine sexual (or gender) roles and become aware of how these roles repress all of us and limit our behavioral options. The gender constraints which limit the freedom of both women and men to develop their capacities to the fullest will continue – until the emotional and psychological (not to mention political) foundations of these restricted roles are broken down. Through open and honest discussions we can perhaps begin to break down such restraints; and, through our children, we can perhaps see to it that they are never put up in the first place.

Activities Directed at Isolated Students

Whatever strategy or strategies we choose, we must do our best to involve all types of students. Obviously, older students, minority students, veterans, married students, students who commute, students who have children, etc., are hard to get to – but they are often the very ones who feel most isolated from the university campus and its social life. And in many cases this alienation can facilitate abusive drinking patterns. [It should be interjected here that these comments relate largely to residential colleges with predominantly undergraduate student bodies. The context clearly decides who might feel "isolated"; for example, a commuter student at a commuter school would certainly not feel out of place. See chapter IX: "What About Nonresidential Schools? (Community and Commuter Colleges).]

One approach to this problem is the development of programs which are specifically directed at those groups of students – for example:

- Establish a center where Vietnam-era veterans of the armed services can meet, and get information and counseling.
- Start a class on child raising and perhaps stress the "gender role" issue.
- Initiate a survey directed at students who commute, and find out what kinds of activities they're interested in, and what days and hours are most convenient for them.

A second approach is for us to publicize existing projects or activities in places and ways that will get to these students. How about ads on the buses, announcements in graduate level classes, a press release to the local daily newspaper, or posters in grocery stores, day-care centers and pediatricians' offices?

Team Building

The satisfaction of working in a group can be enhanced and developed with team building activities. Team building exercises and workshops are not only inherently fulfilling to those participating in them, but they also can be of great programmatic value in achieving the goals of an organization. In fact they may be a good "first step" for persons who wish to initiate prevention strategies.

Robert Theobald, in his book *Futures Conditional*,[7] suggests the following elements as important in "creating group integration" and are meant to be applied to situations where goals have *not* already been set:

- Make sure that people know each other well before any dialogue begins.
- Limit the size of the group to between eight and twelve.
- Don't have a discussion leader; and don't allow any particular class of people to dominate (such as males between 45 and 65).
- Allow for the creation of "collective experience" on the part of the group.
- Don't try to keep people on the team who are not really interested in what is being developed.

Intramural Sports and Games

It is often said, and there is much truth behind it, that we are a Nation of spectators. Whether it be in the stadium or our living room, we sit passively . . .staring. Part of our prevention strategy should be to encourage students to get involved in intramural sports and games. Perhaps such programs already exist on our campus – but are all groups encouraged to participate? Is so much emphasis put on winning that less athletically inclined students are afraid to take part? Is there sexual or age discrimination in terms of who can play? These are the things we must look at, for sports and games cannot be pleasure alternatives unless the playing truly brings fun and joy to *all* the players and potential players.

[6] Hawley, Nancy P. Sexuality in the Boston Women's Health Book Collective. *Our Bodies, Ourselves.* New York: Simon and Schuster, 1973.

[7] Theobald, Robert, *Futures Conditional,* New York: The Bobbs-Merrill Co., 1972.

NONSPECIFIC STRATEGIES – ENVIRONMENTAL

Humanistic/Affective Education

The terms affective education and humanistic education refer to a variety of responses to a generalized complaint against what Douglas H. Heath, Professor of Psychology at Harverford College, calls "excessive and exclusive academicism that has dominated our education values since Sputnik."

This is obviously a very complex issue – one which does not lend itself to easy answers. And even if the answers were there, one suspects that they would not be readily accepted given the tremendous variance in educational priorities and philosophies that exists in this country.

Nevertheless it seems clear to most independent observers that the pendulum has swung too far one way – that human and emotional needs have tended to be neglected, and that some redress is in fact necessary.

It is a complex issue, but also a very powerful one, and one which we cannot ignore. We are, of course, assuming that drug abuse (including alcohol) will increase when emotional needs are not met. But more than that, we are suggesting that abusive drinking behavior will increase when people stop caring for their fellow-man, and when they are alienated from their neighbors, their parents, their children, and their society.

If there is any one strategy that deeply needs the support of college administration and faculty, this is it. But it also needs the support of the community, the State, and the elected officials. Directions that we can go with such an open-ended strategy are multitudinous. In order to give us some food for thought, we list below a few statements by Dr. Heath on what the affective education movement is attempting to do:

- It seeks to release and nurture a youth's emotions, not to block and cripple them to fit a social stereotype or adult hangup.
- It emphasizes the importance of experiencing the abstractions of education – in the gut and in action.
- It seeks to help a youth develop stronger emotional resources that will serve as abiding interests in his life so that he will not be so dependent on external incentives and programs.
- It involves experiencing the immediacy of one's body now – not just talking about one's feelings yesterday or about what one might encounter tomorrow.
- It means that teachers learn *how* to help children communicate; *how* to work out personal problems that block their development; *how* to reflect about their relationships with others.

Finally, Dr. Heath gives "four interrelated educational trends which capture" the spirit of affective education:

- returning of values back into the curriculum
- making the learning process less abstract and deductive and more concretely experiential and inductive
- viewing the learning process as a more organismic experience rather than mere cerebral exercise
- recognizing that man is fundamentally a social being whose humanity needs to be nurtured

This probably represents our greatest challenge.

Enriching Student Jobs

Are there not ways that student jobs and work-study programs can be made more meaningful? Cannot at least a percentage of student employment be directed at relevant projects and research?

Another idea would be for us to get some employers, both on and off the campus, to experiment with "gliding time." Gliding time, which has been tried in Germany, involves allowing employees to work their shift (whether it be 4 hours, 8 hours, or whatever) whenever they want to during the day. Presumably people would go to work when they were more "in the mood" or able to work, and productivity would thus increase. Many objections may be raised to this kind of project (such as saying it

would encourage malingering), but given the fact that diminished productivity due to problem drinking costs this Nation an estimated $9.35 billion per year,[8] it is certainly an area worth looking at.

Creative Outlets

People must not only know how to be creative, but they must actually have the *opportunity* to be creative. Arts and crafts, music, writing – these are all activities that offer satisfaction and which can be encouraged. Are there academic courses in these areas? Are they open to the general student body? Do we have a literary publication? Choral groups? Are students invited to contribute to their student newspaper? How about an open arts and crafts room in the union? There are innumerable possibilities in this area.

Student Services and Opportunities for Volunteerism

Are student services adequate? Does our school promote extracurricular activities? Are there channels for "volunteerism?" Are the needs of all groups on campus considered?

Alternate Social Events

This relates to the above and is touched on in other parts of this catalog. But what is suggested here is a need to examine the overall socialization process. Are there ways that we can successfully facilitate socialization without alcohol, or at least with alcohol playing only a minor role? How can we concretely help those who have trouble making friends? How can inhibitions be reduced or gotten around? If having a square dance without beer was a failure, let's try something else. We need to experiment to *see what will work* – not necessarily to exclude alcohol, since this is a rather negative motivation, but rather to expand the options and allow for more variety in what people do in their leisure time.

Community Services and Activities

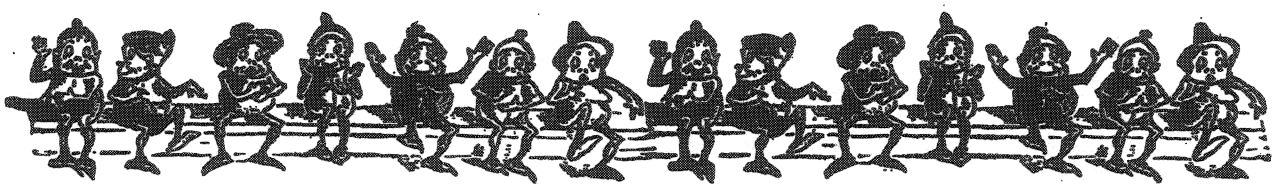
While in some cases community services and activities may not be open to students, in many more cases students are simply not aware of the broad range of activities, services, and recreational opportunities that the community has to offer. Thus, part of our overall strategy could be to publicize community resources and encourage students to use them. The other side of the coin, of course, is to include the community in campus activities.

Improving Relations Between the College and the Community

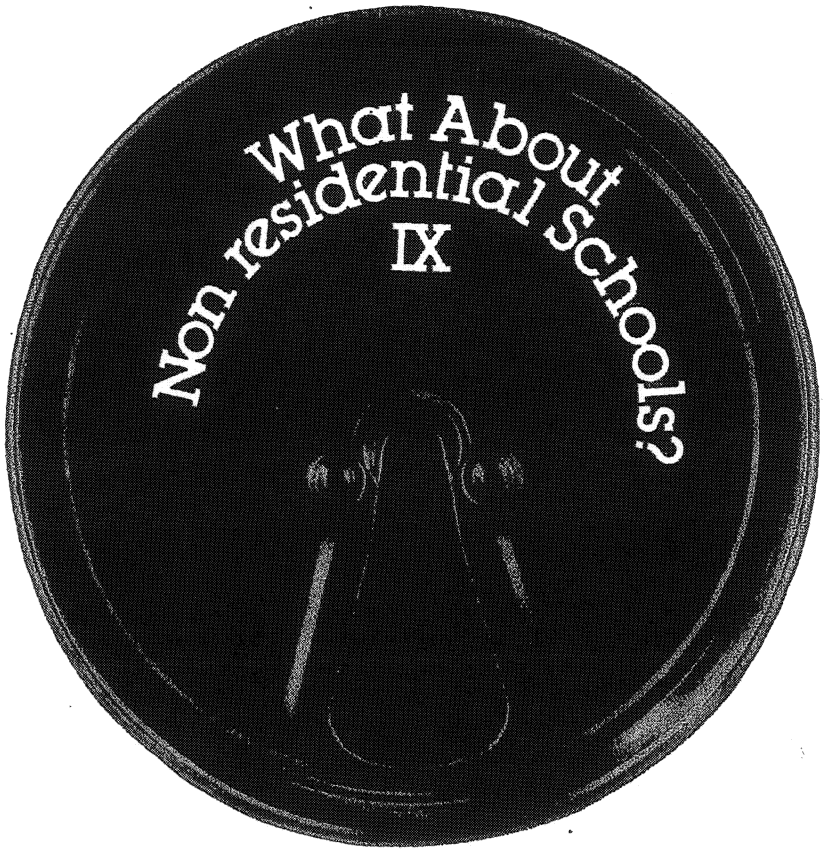
Relaxing "town and gown" tensions is tied in with the above comments, but it is also related to the overall need to foster a "sense of community" and cooperation. Problems do not end or begin at the border of the campus, and neither can adequate solutions be found if either the town or the college is excluded from the process needed to find those solutions.

Community Volunteer Efforts

Taking advantage of community services and activities is one side of the coin. There is a corresponding need for us to encourage those on the campus to take a look at the needs of the town and to volunteer their efforts wherever they can.



[8] Second Special Report to the U.S. Congress on Alcohol and Health from the Secretary of Health, Education, and Welfare.



Community and Commuter Colleges

Much of the information found in this *Catalog* was obtained through visits to 63 colleges around the country; most of these colleges were large residential schools with predominantly undergraduate student bodies. Nevertheless, the majority of the prevention strategies described here could be employed in *any* college community.

There appears to be a consensus that the problem of alcohol abuse is at least as great at small residential colleges as it is at larger ones – the primary difference may in fact be that there exist greater opportunities at smaller schools. There is generally a greater sense of community at small colleges, and there is a greater likelihood of a personal relationship between students, faculty, and administration. Small group sessions are much more feasible in this type of environment; and it is much more probable that serious abuse problems will be recognized at an earlier stage and thus can be dealt with expeditiously. Community colleges and commuter schools are a different matter though.

Community (Junior) Colleges

In 1975, nearly 45 percent of all students who were attending the first 2 years of college were enrolled in community or junior colleges in the United States. Many more adults were enrolled in continuing education, adult education, or community services classes in these more than 1,200 higher education institutions.

Typically, these students are neighbors to the community college campus or live within commuting distances. Entrance requirements emphasize an "open door": prospective students need only to have reached the age of 18 and possess a high school diploma.

Often these colleges, dedicated exclusively to instruction, serve both academic and vocationally

inclined students. The colleges' curricula, by design, are comprehensive. Tuition, if charged, is frequently less than required by surrounding 4-year colleges or universities. These are "the people's colleges."

The community college emerges as an indigenous American institution whose mission, nurtured by concepts from modern behavioral sciences, is to enhance the quality of life within the community.

The students in most of the Nation's community colleges return to their homes each day after attending classes. They are involved with the community's daily activities. What happens on the campus each day may have an immediate impact upon the community. The students probably represent every adjacent residential area (with additional numbers of students from more distant places and from foreign countries included). Every age, from 18 years through advanced years, may use the services of the community college as an educational or cultural resource.

Commuter Colleges

Much of the above description would apply equally to what are referred to as commuter schools; indeed junior colleges are commuter schools. However the term commuter college would also encompass many 4-year institutions, as well as those that offer graduate degrees. These schools vary in size tremendously; many are quite small, but some (such as the City University of New York system) have huge student bodies. The principal common denominator of these colleges is that students do not reside on campus; they live off campus or at home.

Strategies

As mentioned previously, most of the strategies found in this *Catalog* are applicable to community and commuter colleges. If there is a difference, however, prevention efforts initiated here should be doubly effective because these schools are so much a part of the community in which they're located. The most effective strategies virtually have to be comprehensive. Furthermore the resources of the entire community tend to be more accessible to those working in this setting.

For those of us who are part of this environment, the following project ideas and strategies are ones which may (depending on the specific situation) deserve special emphasis.

- Academic Courses/Seminars: This is clearly the best way to reach students directly.
- Media: A well-planned community media campaign is an excellent method for getting to students and nonstudents alike.
- Vocational Courses: Information regarding alcohol and alcohol abuse is relevant to a variety of vocations. One obvious example is training courses for bartenders, restauranteurs and others associated with the "beverage dispensing industry." The Wisconsin Board of Vocational, Technical and Adult Education has published an over 200-page *Beverage Host Training Manual* which includes a chapter entitled "Counseling Service and the Problem Drinker."
- Drinking Establishments: Many commuter schools do have student centers and unions, and these not only represent places where we can focus educational efforts and alternative activities, but also where alcoholic beverages are served. The ideas found in chapter VIII in regard to "modification of Drinking Environments" can be implemented.
  But beyond this we could also encourage the patronage of specific drinking establishments which seem more cooperative in maintaining a responsible drinking environment.
- Speakers Bureau: In this kind of setting it should not be difficult for us to develop a broad-based speakers' bureau composed of people from the college community and the local community.
- Work-Study Programs: Within the community there are numerous relevant projects in which students could work, and many of them are alcohol related. For example, work-study students could be assigned to community detoxification centers to assist counselors and gain practical knowledge of those with alcohol problems. Counseling practicum students could also use this atmosphere to gain valuable experience which could be employed in State alcohol programs and institutions, veterans hospitals, etc.
- Continuing Information Program: An advertising/information project with a more relevant emphasis on the relationship between alcohol and traffic accidents would seem ideal for a commuter college. The placement of such information in locations frequented by commuters – such as parking lots, bus stops, the cafeteria, the administration building, etc. – would be very effective. A parallel campaign could be conducted within the community with the same emphasis.
- Community Education: Given the community college emphasis on enhancing the quality of life within the community, it would be logical for us to try to initiate ongoing community alcohol edu-

project. We could attempt to reach the public through libraries, super markets, local radio and TV stations, and through night courses at the college itself.

- Outreach: Related to the above would be the development of outreach programs which could combine a multiplicity of concepts and approaches in seeking to alleviate the suffering and destruction associated with alcohol abuse; for example, a combination of gerontology, public health, and responsible drinking perspectives. This kind of program could be designed to utilize members of the community as well as members of the college in the planning of the program.

Recent Programs and Projects

This chapter presents recent programs, or aspects of programs, that have been developed on different campuses. Generally these are ongoing efforts, and what is found here should perhaps be viewed as steps in their development. The name of a key contact person for each of the projects has been included. More up-to-date information regarding any of these projects could potentially be obtained by writing to these individuals. Also the editing of material in this chapter has been kept to a minimum in order to preserve the original style and sometimes even the format.

1. UNIVERSITY OF MASSACHUSETTS

Demonstration Alcohol Project Description
David P. Kraft, M.D., Principal Investigator

In July, 1974, a two-day Conference on Alcohol Program Planning at the University of Massachusetts, Amherst, concentrated on issues related to alcohol use at its campus of 23,500 students. As a result of the conference, an Alcohol Task Force was formed to assess in depth how alcohol-related problems are being dealt with at the University of Massachusetts. In general, the Task Force reconfirmed previous observations that: (1) a large proportion of students used alcohol to some extent, although a much smaller proportion consumed large amounts of alcohol frequently; (2) a variety of treatment resources were available for problem drinkers both on-campus and in the surrounding community; and (3) far fewer resources were available to work with the university community in a preventive educational approach, to promote responsibility in alcohol use.

As a response to the Alcohol Task Force findings, three units of the University Health Services with extensive experience in peer counseling and education approaches applied for a Federal Grant

which would focus its programs on a preventive alcohol education effort. A three-year grant was awarded by NIAAA and began funding September 1975.

I. General Design:

The demonstration project: (1) focuses on fostering collective and individual responsibility in alcohol use; (2) involves a systemswide design; (3) combines an *extensive* focus, to expose all students to issues concerning responsibility and irresponsibility in alcohol use, with an *intensive* focus, to explore with certain selected groups of students some of the complex issues related to alcohol use in small discussion sessions; (4) involves students in every phase of its design and implementation, especially a small cadre of carefully selected and trained peer educators; and (5) attempts to develop program models useful at other universities besides the University of Massachusetts.

II. Specific Design:

A. Goals and Objectives – The *goal* of the DAEP is: to promote a campus environment which is conducive to responsible alcohol use and discourages irresponsible use.
Specific objectives to reach the goal included the following items.
1. Community Development – to elicit active participation of students and staff in designing programmatic endeavors tailor-made to their needs.
2. Needs Assessment – to assess alcohol-related knowledge, attitudes, and behavior in an ongoing fashion.
3. Peer Resources – to select, train, and use a group of students in various project endeavors. Such peer resources will be especially skilled in leading small group educational discussions which explore alcohol-related attitudes and use. They will also be experienced in peer counseling techniques.
4. Extensive Approaches – to raise community awareness of issues related to responsible and irresponsible alcohol use by a variety of means.
5. Intensive Approaches – to assist small groups of students to explore their own alcohol attitudes and use through a variety of means.
6. Special concerns – to focus particular attention on certain special groups, e.g. student parents, veterans, and Third World groups.
7. Early Identification – to assist persons with alcohol-related problems to find effective treatment resources as soon as possible.
8. Program Evaluation – to assess all project efforts thoroughly and continuously, to provide constant project feedback and a measure of results.
9. Dissemination – to share information gained from the project with other universities.

B. Specific Modalities – a combination of various methods will be used in the project to accomplish the objectives described under extensive and intensive approaches.
1. *Printed, visual, and audio media materials*, including pamphlets, tapes, and production of four trigger films.
2. *Lecture/Panel Presentations*
3. *Single Session Discussion Groups* (Workshops)
4. *Multiple Session Discussion Groups*
5. *Special Academic Courses*
6. *Presentations Within Existing Courses and Seminars*
7. *In-Service Training*, especially for various groups of health professionals and for residence hall staff.

III. Results:

As a result of project efforts, a number of effects are anticipated.
1. A general decrease in alcohol-related problem behaviors at the University of Massachusetts.
2. An increased acceptance of people who choose not to drink.
3. A decreased tolerance for disruptive behaviors related to excessive alcohol use by the student community.
4. An increase in the frequency and depth of discussions related to issues of responsibility in alcohol use, including open discussion of special problems faced by persons who learn they cannot "handle" or do not enjoy the drug alcohol to any extent.
5. An increased awareness of alternative beverages and activities besides drinking, as well as alternative ways of using alcohol.
6. A test of a primary prevention strategy when applied to alcohol use on a university campus.
7. A program model adaptable in whole or part at other university campuses.

Working full time on this project with Dr. Kraft has been Evelyn Duston, M.S., Community Health Education Coordinator, and E.T. Mellor, M.Ed., Peer Education Coordinator.

2. SOUTHERN METHODIST UNIVERSITY

Student Senate Resolution - Motion to Establish an Alcohol Education Committee

Mary M. Horton, Alcohol Education Specialist

Southern Methodist has an on-going Alcohol Education Program which has, among other things, initiated in-service training for resident assistants, made alcohol education presentations to living units, the Student Senate, and the Interfraternity and Panhellenic Councils, and implemented an alcohol education program for DWI offenders. Steps have also been taken to implement alcohol education within the university curriculum. In Sept. of 1975 a survey of 250 randomly selected students was conducted; one finding was that during the previous six months 26.4% of those questioned had been intoxicated ("such that you could not get home by yourself") *at least* once. Finally an Alcohol Education Committee has been created which is composed of eight students, four staff, four faculty, and two alcohol field professionals.

STUDENT SENATE RESOLUTION MOTION TO ESTABLISH AN ALCOHOL EDUCATION COMMITTEE

WHEREAS, to raise consciousness and promote knowledgeability concerning alcohol abuse at SMU, a committee on alcohol education is needed; and,

WHEREAS, this committee will report results of research and work with the Alcohol Education Specialist in an advisory capacity; therefore,

BE IT MOVED, that the Student Senate establishes an Alcohol Education Committee; and,

BE IT FURTHER MOVED, that this committee be composed of five students, two faculty, two administrative staff (including the Alcohol Education Specialist as an ex-officio member), with a student as Chairperson.

The Executive Committee

MOTION TO CHARGE THE ALCOHOL EDUCATION COMMITTEE

WHEREAS, The Student Senate has established an Alcohol Education Committee and must charge this committee with responsibilities; therefore,

BE IT MOVED, that the Student Senate hereby charges the Alcohol Education Committee to work with the Alcohol Education Specialist in an advisory capacity in the planning, implementation, and evaluation of alcohol education for the university community.

The Executive Committee

3. CALIFORNIA POLYTECHNIC STATE UNIVERSITY

Survey of Alcohol Use
Michael A. Looney, Health Educator

SURVEY OF ALCOHOL USE

Dear Respondent:

You have been selected from a random sample to participate in this survey. Please take a few minutes of your time to answer and return this questionnaire. There are no "right" or "wrong" answers. Your cooperation is needed if we are to understand the part alcohol plays in our lives. BE ASSURED, YOU WILL REMAIN ANONYMOUS; DO NOT SIGN THE QUESTIONNAIRE.

Sincerely,

1259 returned (63%) of original 2000

Leo W. Pinard II, Ph.D.

Please read each question carefully. You may volunteer additional information if you feel the coded responses do not fit your circumstance.

(1) Age_____ (2) Sex: Male 66% Female 33% (3) Marital Status: Married 20% Single 78%

(4) Academic Standing:
- Freshman 16%
- Sophomore 17%
- Junior 26%
- Senior 33%
- Graduate 8%

(5) Religious Preference:
- Protestant 31%
  (if so, state denomination)_____
- Catholic 15
- Jewish 3
- Other (specify)_____ 10

(6) Major (i.e. Crop Sci., Mech. Eng.):_____

(7) Check situation which best describes your living accommodations:
- Dorm on campus 21%
- Dorm style off campus (i.e. Tropicana, Stenner Glen) 8
- Room or apartment off campus 35
- Fraternity or sorority house 2
- House 28
- Parents or relatives 5
- Other (specify) _____ 1

(8) How many others share these accommodations with you?
- Living alone 7%
- One 46
- Two 17
- Three 21
- Four 3
- Five or more 5

If you are living with others, are you sharing accommodations with persons of the:
- Same sex 57%
- Opposite sex 20
- Both sexes 13

(9) Check any of the statements below that represent your feelings toward drinking alcoholic beverages.

Drinking is never a good thing to do	7%
Drinking is all right, but a student should never get high or drunk	14%
An occasional "drunk" is okay as long as it doesn't interfere with grades or responsibilities	46%
It's nobody's business how much anyone else drinks as long as he or she doesn't bother anyone	28%

(10) If you *never* drink alcoholic beverages, not ever beer, check here 11%
and go to question 22.

(11) Think back over the past week:

	0	1	2-3	4-10	11+
how many 12 oz. cans of beer did you drink?	37%	8%	12%	20%	11%
how many 6 oz. glasses of wine did you drink?	55	9	13	10	1
how many shots (1 oz.) or mixed drinks did you drink?	54	8	13	10	3

(12) Check any of the following reasons which negatively influence your consumption of beer, wine, liquor.

	Beer	Wine	Liquor
Don't like taste	14%	9%	9%
Makes you ill	3%	7%	5%
Detrimental to general health	1%	1%	8%
Parents disapprove	0%	0%	3%
Friends disapprove	0%	0%	1%
Moral or religious reasons	0%	0%	1%
Friends never use	0%	2%	1%
Can't afford it	0%	1%	19%
Other (specify)			

Now go back to each of the columns and circle the most important reason for each beverage.

(13) On the average, how many times per month do you attend parties, TG's, where alcoholic beverages are consumed? . . . 0 (22%) . . . 1 (23%) . . . 2 (13%) . . . 3-5 (18%) . . . 5+ (10%) . . . _____

(14) Check the time or times of the day and week when most of your drinking takes place.

Morning (wake-up to noon)	0%
Afternoon (noon to 5:00 P.M.)	3%
Night (after 5:00 P.M.)	76%

Everyday– 6%
Weekend–60%

Mon _____ Tues _____ Wed _____ Thur _____ Fri _____ Sat _____ Sun _____

(15) What kind of alcoholic beverage do you drink most frequently?

Beer	42%
Wine	19%
Liquor	17%

(16) Please indicate the frequency with which you drink when accompanied by each of the following groups:

Groups	Frequently	Occasionally	Seldom	Never
Family	9%	37%	30%	11%
One person, same sex	12	38	26	10
One person, opposite sex	14	44	22	6
Small groups, same sex	16	34	24	10
* Small mixed groups	20	44	18	3
Large mixed groups (more than 10)	16	30	27	11
Fraternity or Sorority	5	9	12	52
Church Groups	0	2	6	67
Special interest clubs and organizations except fraternities and church	3	13	16	44

**Now go back and check the one group situation in which you drink most frequently.*

(17) Please indicate the frequency of the places where you drink:

Places	Frequently	Occasionally	Seldom	Never
Own house or apartment	28%	32%	17%	6%
Friends' house or apartment	17%	43%	19%	5%
Dorm	4%	7%	11%	54%
Night clubs and bars	10%	29%	23%	20%
Restaurants	3%	30%	31%	17%
Other (Specify)_____	_____	_____	_____	_____

(18) How often do you drink for the following reasons?

Reasons for Drinking	Frequently	Occasionally	Seldom	Never
To facilitate study	0%	2%	8%	72%
To get along better on dates	2%	9%	17%	54%
To relieve fatigue or tension	7%	28%	22%	27%
Sociability	18%	39%	17%	11%
For aches and pains	1%	5%	15%	61%
Emjoyment of taste	30%	35%	11%	9%
In order not to be shy	2%	10%	18%	52%
For a sense of well-being	3%	13%	16%	50%
As an aid in forgetting disappointments	2%	10%	17%	53%
To get high	13%	22%	15%	33%
To get drunk	7%	13%	22%	42%

(19) Have you ever worried about the long range consequences of your drinking?

Frequently	3%
Occasionally	15%
Seldom	24%
Never	44%

(20) Have you ever worried that you might become dependent on alcoholic beverages?

Frequently	2%
Occasionally	6
Seldom	17
Never	61

(21) How often has your drinking ever:

	Frequently	Occasionally	Seldom	Never
interfered with your class attendance	0%	2%	14%	71%
interfered with your preparation for exams	0	5	16	66
caused conflict with close friends of opposite sex	1	5	19	63
caused conflict with close friends of same sex	0	4	16	68
damaged other friendships	0	1	9	77
caused you to miss appointments	0	1	6	80
caused you to lose a job	0	0	1	87
caused accident or injury	0	1	11	75
caused you to forego other things because of the expense of liquor	1	5	11	71

(22) What percentage of the students at Cal Poly, in your opinion:

hardly drink	_____%
drink occasionally	_____%
drink frequently	_____%
drink to excess	_____%

0 - 9%	10 - 24%	25 - 60%	
29%	51%	11%	100%

(23) How many times per month do you find yourself in situations where you are encouraged to drink more than you would like to? . . . . . 66% said never

4. MOORHEAD STATE UNIVERSITY

Alcohol Awareness Program
Kit Christensen, Program Coordinator

I. Through observation of student life generally at MSU, and through interaction with students themselves, a number of assumptions have been derived which will serve as the underlying basis of the perspective and subsequent direction this program will take:
   A. From the standpoint of the college student, there often seems to be an apparent dichotomy between the college environment and the community at large (which here would include the student's "home town").
   B. Students tend to feel somewhat insulated from tangible confrontations with what is going on in the world outside the school realm, which many times includes the dynamics of the family life they come from.
   C. As the student social context constituted by the college environment centers mainly around a student's dealings with his or her peers, and because it seems that one's social context is the primary factor involved in the determination of one's activity, it would then follow that new value systems and behavior guidelines are constructed through a students' interaction with other students.
   D. Students define the use of alcohol in terms of their peer group frame of reference when it is seen as part of "college life" or the college environment so that "acceptable" and "unacceptable" drinking is seen from that persepctive.
   E. If there is a drinking "problem" within the college community, students need to identify it as such before the "problem" can be dealt with. If representatives of the "outside world" come into the "college world" and tell students that there is a drinking problem on campus, and if from the student frame of reference the situation is not defined in the same way, the student response to this "outside" perspective will either be negative or there will not be a significant response at all.

II. Program Approach: As a teaching process.
   A. To enable students to develop an awareness of, and be able to identify, the current student perspective on the use of alcohol and alcohol-related behavior.
      1. There is in progress now a sociological study that has asked MSU students for their own perceptions concerning the types of situations drinking takes place within and what sort of behavior goes on in those situations. With the use of that data we will then be able to ask students what they see as being appropriate or inappropriate behavior in those situations. All this information can be used to help students identify their own, and their peers', drinking context and behavior guidelines.
      2. We can use seminars, meetings on dorm floors, and classrooms as situations where evaluation and identification of student values concerning student drinking can take place.
   B. To present students with a body of knowledge and information which constitutes the perspective of professional clinicians, counselors, and others involved in the fields of chemical dependency prevention, mental health, family life, etc. and who service the community at large ("outside" the college environment). This body of knowledge will be compared to the knowledge and value systems derived from the student context, so that both the student realm of understanding and the "professionals" realm of understanding will be viewed as legitimate, yet distinct entities.
   C. To enable students to develop or articulate their own approach to the use of alcohol based on the available knowledge as represented by the two above perspectives.
      1. Through comparison and contrast of the student outlook on drinking and the "professionals" outlook on alcohol use and abuse, an attempt will be made to reconcile these two different perspectives, or at least to understand why or why not such reconciliation is possible.
      2. Students will also be thus put in a position to realize the variety of options open to them in the construction of value standards or behavior guidelines concerning the use of alcohol, i.e., that there is not only one way to "enjoy drinking" in an acceptable manner at MSU.
      3. Through identification of the value system/frame or reference that the student uses as an index in determining his or her drinking activity, and along with outside information on the subject, our goal would be to enable students to make more "conscious" decisions concerning their drinking and be better able to identify and be aware of their own behavior, motivations, etc. in drinking

situations. Also, through development of of such awareness, it would hopefully follow that consequences of one's actions related to drinking would be taken more into consideration.

III. Program Approach: Follow-up.
   A. To make known and available an already set-up counseling and informational assistance referral center comprised of professional and paraprofessional staff, for students and others who seek help, advice, or further information concerning alcohol use or abuse.
   B. We have established a relationship with outside agencies in the surrounding community to whom we can refer those individuals who need further professional assistance if a definite problem is identified. This constitutes the third and final level of our overall approach, as the program's orientation is ultimately preventative rather than remedial.

Note: This program has been developed and is being carried out with the active support of the Dean of Student Personnel at Moorhead.

5. INDIANA UNIVERSITY

Alcohol Education Task Force and Program Module
Dr. Ruth C. Engs, Chairperson

INITIAL TASK FORCE STATEMENT

Rationale:

One of the biggest social problems on our campus and in the country today is the abuse of alcohol. It is estimated that approximately 25 young Americans are killed and 125 are maimed or disfigured every day as the result of drunken drivers. For people under 30 years of age, automobile accidents are the greatest cause of death and alcohol is involved in more than half of these tragedies. (Young Americans: Drinking, driving, dying, U.S. Department of Transportation.)

The proportion of American youth who drink has been increased so that it is almost universal. Alcohol is the drug of choice of 93% of all university students. The highest scores on an index of possible problem-drinking behaviors were recorded in the youngest age group for which data are available, the 18-20 year olds. (Alcohol and Health, DHEW Publication No. (ADM) 74-31, June 1974.)

At Indiana University a survey of 4225 students in 1973 reported that 87.1 per cent of all students drank alcoholic beverages. Of freshmen, 81.4; sophomores, 88.0; juniors, 90.8; and seniors, 91.0 per cent respectively. Many of those individuals were consuming alcoholic beverages "illegally" as the drinking age in this state is 21 years of age.

With these facts in mind, this task force was formed to attempt to educate the student body about various aspects of alcohol consumption.

Impetus:

The formation of a task force to plan an alcohol education package was encouraged by the National Institute on Alcohol Abuse and Alcoholism. In November 1974, Keith Hewitt from the National Clearinghouse for Alcohol Information, visited the Bloomington campus and spoke of possible support and encouraged the formation of such a project.

Composition of Task Force:

Ruth C. Engs, R.N., Ed.D. (Chairperson), Asst. Prof. of Health and Safety Education
David DeCoster, Ed.D., Assistant Dean of Students for Residential Programs
James Greenlee, M.D., University Physician
William Chestnut, Ph.D., Director, Counseling and Psychological Services
Thomas Schreck, Ed.D., Dean of Students
Phillip Chamberlain, Ph.D., Assistant Director, Office of Institutional Research
Robert Borkenstein, Ph.D., Director, Center for Forensic Studies
Phillip McPheron, M.S., Resident Counselor
Mary Jane Reilly, M.A. Resident Counselor
Margaret Martin, Law Student
Alfred Edyvean, Audio Visual Student
Ralph Larson, Ph.D., Continuing Education

TASK FORCE ACCOMPLISHMENTS AS OF 9/8/75

A. Philosophy and Purpose of Alcohol Awareness Program were developed:
   To help students clarify their values about alcohol use
   To help students who choose to drink determine mature and responsible drinking behavior for themselves
   To acquaint students with the range of drinking behavior in our society (completed February, 1975)
B. Funding:
   1. A proposal was submitted to the Spencer Foundation at Indiana University. However, it was turned down for funding due to the unusually large number of proposals submitted. It was suggested that we contact the community for funding. (March 1975).

2. Possibility of funding was explored through Region 10, Subcommittee on Addictions. We were listed seven on a list of 13 priorities; however, only enough funding was available for the first few projects. It was suggested that we contact the University or NIAAA (April 1975).
3. The possibility of funding was explored through NIAAA training branch. However, they suggested that we contact the university for such a project (March and April, 1975).
4. Funding for this project has to date been taken from "out of pocket" and from a very modest budget for program development from the residential life programs and from the Dean of Students Office.

C. Alcohol Education Package "Booze and You's":
   1. Film (completed September 1975) - a 13-minute film called "Booze and You's" made by the Task Force on a $400 budget and much student volunteer time. It features a W.C. Fields cartoon character who gives a brief history of alcohol, drinks, drinking patterns, effects of alcohol on the body and hints for responsible drinking. It is low-keyed and "nonpreachy." Students who have seen it say it is entertaining and that they have learned information they did not know previously.
   2. Values clarification exercises (completed May 1975) - five exercises which prompt students to discuss responsible vs. irresponsible drinking; their own values regarding drinking; why, where, how, and with whon they might or might not choose to drink.

D. "Training Manual" for training residential assistants for presenting program (completed July 1975)

E. Evaluation Instrument (completed June 1975)
   1. A knowledge and behavior inventory was developed for testing the possible effects of the program.
   2. The questionnaire's face validity was determined by feedback from the following people: R. Borkenstein, S. Wilssaack, H. Jones, R. McClain, J. Sefferin, all involved in alcohol programs.
   3. A pre-pilot run with 109 personal health course students during May 1975 was completed.
   4. The pilot run indicated a reliability of .75 using the Kuder-Richardson and .84 using the Spearman-Brown formula for the knowledge questions.
      The mean for the total group on the 37 knowledge questions was 23.06 (N = 108). Mean for males (N = 42) was 23.84 and mean for females (N = 66) was 22.52.

   A Chi square was carried out for various behavior components to determine possible difference between behavior exhibited by male and female students. The students were asked the number of times from zero to more than four times during the past year in which a particular behavior resulting from drinking was exhibited. A Chi square between males and females showed no significant difference. However, males in most cases did indicate a high figure of their behaviors.

F. Residential Assistants at the residential life center were asked to volunteer for group leaders in the program.

RESULTS OF PRELIMINARY EVALUATION (10/10/75)

A. General: The results of the first phase of the pilot program to test the effectiveness of the alcohol education program in increasing alcohol knowledge and changing irresponsible drinking behavior were analyzed. The findings were very encouraging as the students appeared to have gained a highly significant increase in the number of alcohol knowledge questions answered correctly after the "Booze and You's" program.

B. Brief specific research methodology and results: In September, male and female students in one residential life center were asked to volunteer for research program about topics concerning college students such as drinking and sex. They were not told the exact topic of their section. Out of 200 students agreeing to participate in the program, 66 appeared for the experimental group section and 55 appeared for the control group section. Both groups were administered the STUDENT ALCOHOL QUESTIONNAIRE (SAQ) (it is now being tested for national reliability) which contains knowledge and behavioral questions and is included later in this section. After

the questionnaire was administered, the 13-minute "Booze and You's" film was shown to the experimental section and "About Sex," a 20-minute film on human sexuality, was shown to the control section. Students in both groups were then randomly assigned to a small group of 13. The experimental group received the 4 values clarification exercises led by trained residential assistants. The control group received the 4 values clarification exercises led by trained planned parenthood volunteers. After an hour discussing the film and these exercises, both sections were administered an alternative form of the knowledge questionnaire.

The knowledge questions on the SAQ (36 questions) administered immediately before and after the program to both the experimental and control groups have been analyzed with the following results:

	(N=66) Experimental Group		(N=55) Control Group	
	Mean Number Correct	SD	Mean Number Correct	SD
Pre-test	20.29	5.00	20.18	5.47
Post-test	28.21	4.77	20.00	5.75

As can be seen from this table, there was a gain of a mean of 8 questions correct after the program for the experimental group. The t-test indicated a significant (p. <.001) increase in knowledge about alcohol for the experimental group after the "Booze and You's" program.

Therefore, we have initially concluded that the "Booze and You's" program is effective in increasing knowledge about alcohol for Indiana University students in a residential life center.

After 3 months have passed, both groups will again be administered the SAQ containing the knowledge and behavior items to determine the effectiveness of the program in effecting possible long-term change in knowledge and behavior concerning alcohol.

[Note: Results of the follow-up administration of the questionnaire were not available when the manuscript went to print.]

STUDENT ALCOHOL QUESTIONNAIRE

by Ruth C. Engs
Department of Health and Safety Education
School of HPER
Indiana University
Bloomington, Indiana 47401

Copyright Ruth C. Engs 1975
All rights reserved. Copies may be made for classroom purposes

Printed in U.S.A., Ruth C. Engs, Bloomington, Indiana

Reprinted with permission of author

(Mean correct on 400 students as of 10/75 was 21. Spearman-Brown reliability .81. Questions 1-6, page 1, adopted from Jessor and Jessor)

Please go to IBM sheet No. 1 and answer these questions on it.

We will be asking you about your current drinking patterns.

1. Let's first take beer. How often, on the average, do you *usually* have a beer? (If you do not drink beer at all, go to question 3)
   a. every day
   b. at least once a week but not every day
   c. at least once a month but less than once a week
   d. more than once a year but less than once a month
   e. once a year or less
2. When you drink beer, how much, on the average, do you *usually* drink at any one time?
   a. more than 1 six pack (6 or more cans or tavern glasses)
   b. 5 or 6 cans of beer or tavern glasses
   c. 3 or 4 cans of beer or tavern glasses
   d. 1 or 2 cans of beer or tavern glasses
   e. less than 1 can of beer or tavern glass
3. Now let's look at table wine. If you do not drink wine at all, go to question 5. How often do you *usually* have wine?
   a. every day
   b. at least once a week but not every day
   c. at least once a month but less than once a week
   d. more than once a year but less than once a month
   e. once a year or less
4. When you drink wine how much, on the average, do you *usually drink at any one time?*
   a. over 6 wine glasses
   b. 5 or 6 wine glasses
   c. 3 or 4 wine glasses
   d. 1 or 2 wine glasses
   e. less than 1 wine glass of wine

we would like to ask you about liquor or its (whiskey, gin, vodka, mixed drunks, etc.). you do not drink liquor at all, go to page 4.

often do you *usually* have a drink of liquor?

- every day
- at least once a week but not every day
- at least once a month but less than once a week
- more than once a year but less than once a month
- once a year or less

en you drink liquor how many, on the rage, drinks do you *usually* drink at any one me?

- over 6 drinks
- 5 or 6 drinks
- 3 or 4 drinks
- 1 or 2 drinks
- less than 1 drink

The following are common results of drinking other students have reported. If you have never a drink at all go to next section. If you currently k or have drunk in the past put the letter responding to the *frequency* of the occurences in the blank on your IBM answer sheet.

a. at least once during the past two months and at least one additional time during the past year.
b. at least once within the past two months but not during the rest of this past year.
c. not during the past two months but at least once during the past year.
d. has happened at least once in my life but not during the past year.
e. has not happened to me.

---

7. have had a hangover
8. have gotten nauseated and vomited from drinking
9. driven a car *after* having several drinks
10. driven a car when you know you have had too much to drink
11. drinking *while* driving a car
12. come to class after having several drinks
13. "cut a class" after having several drinks
14. missed a class because of a hangover
15. arrested for DWI (Driving While Intoxicated)
16. been criticized by someone you were dating because of your drinking
17. trouble with the law because of drinking
18. lost a job because of drinking
19. got a lower grade because of drinking too much
20. gotten into trouble with the school administration because of behavior resulting from drinking too much
21. gotten into a fight after drinking
22. thought you might have a problem with your drinking
23. damaged property, pulled false fire alarm, or other such behavior after drinking

Go to your other IBM answer sheet which you have labeled #2 to answer the following questions.

WE WOULD NOW LIKE TO ASK YOU SOME INFORMATION ABOUT ALCOHOL

The questions will either be TRUE OR FALSE. If you do not know the answer to the question DO NOT GUESS. Mark a line in space "E".

If you think the answer is TRUE, mark the "a" for true.

If you think the answer is FALSE, mark the "b" for false.

If you do not know the answer mark the "e".

Mark on your IBM answer sheet #2 beginning with question 1.

1. Drinking milk before drinking an alcoholic beverage will slow down the absorption of alcohol into the body.
2. Wines are made by fermenting grains.
3. Alcoholic beverages do not provide weight increasing calories.
4. In America drinking is usually considered an important socializing custom in business, for relaxation and for improving interpersonal relationships.
5. Gulping of alcoholic beverages is a commonly accepted drinking pattern in this country.
6. Alcohol is usually classified as a stimulant.
7. Alcohol is not a drug.
8. A blood alcohol concentration of 0.1% is the legal definition of alcohol intoxication in most states in regards to driving.
9. Approximately 10% of fatal highway accidents are alcohol related.
10. Alcohol was used for centuries as a medicine in childbirth, sedation, and surgery.
11. Table wines contain from 2-12% alcohol by volume.
12. It is estimated that approximately 85% of the adult Americans who drink misuse or abuse alcoholic beverages.
13. Many people drink to escape from problems, loneliness, and depression.
14. Liquor mixed with soda pop will affect you faster than liquor drunk straight.
15. The most commonly drunk alcoholic beverages in the United States are distilled liquors (whiskey, gin, vodka).

16. A 150 pound person, to keep his blood alcohol concentration below the legally intoxicated level, would have to drink less than 3 beers in an hour.
17. A person cannot become an alcoholic by just drinking beer.
18. To prevent getting a hangover one should sip his drink slowly, drink and eat at the same time, space drinks over a period of time, and don't over drink for your limit.
19. Responsible drinking can result in relaxation, enhanced social interactions, and a feeling of well-being.
20. Distilled liquors (gin, whiskey, vodka, etc.) usually contain about 15-20% alcohol by volume.
21. Moderate consumption of alcoholic beverages is generally *not* harmful to the body.
22. It takes about as many hours as the number of beers drunk to completely burn up the alcohol ingested.
23. An ounce of whiskey contains about 60 calories.
24. Many people drink for social acceptance, because of peer group pressures, and to gain adult status.
25. A blood alcohol concentration of .02 usually causes a person to be in a stupor.
26. Liquors such as gin, scotch, and whiskies are usually distilled from mashes made from fermenting grains.
27. Proof on a bottle of liquor represents half the per cent of alcohol contained in the bottle.
28. The United States lacks a national consensus on what constitutes the responsible use of alcoholic beverages.
29. There is usually more alcoholism in a society which accepts drunken behavior than in a society which frowns on drunkenness.
30. Beer usually contains from 2-12% alcohol by volume.
31. Eating while drinking will have no effect on slowing down the absorption of alcohol in the body.
32. Drinking coffee or taking a cold shower can be an effective way of sobering up.
33. Wines throughout history have been commonly drunk at religious ceremonies and family gatherings.
34. Drinking of alcoholic beverages has been common in the U.S.A. since the Puritans first settled here.
35. Alcohol has only been used in a very few societies throughout history.
36. Liquor taken straight will affect you faster than liquor mixed with water.

Thank you for your help. If you wish to make any comments please put them here.

6. SOUTH CAROLINA SCHOOL OF ALCOHOL AND DRUG STUDIES in cooperation with the University of South Carolina, Earl Griffith, Director

ADMINISTRATIVE STAFF

Earl W. Griffith, Director
Benjamin P. Bradley, Associate Director
Peter C. LeCouras, Assistant Director
Julia B. Trent, Administrative Assistant
James M. Readling, Coordinator of Discussion Groups
Larry D. Milne, Ph.D., Faculty Representative, USC
Gerald Costello, Ph.D., Faculty Representative, USC
David E. Stenmark, Ph.D., Faculty Representative, USC
J. Irby Hayes, Jr., Ph.D., Director of Special Activities

SPONSORED BY

South Carolina Commission on Alcoholism
South Carolina Commission on Narcotics and Controlled Substances

IN COOPERATION WITH

Division of Educational Services, University of South Carolina
Department of Psychology, U.S.C.
College of Pharmacy, U.S.C.
School of Health and Physical Education, U.S.C.

Job Placement Service

A professional job placement service will be featured at SCSADS. This service is available for both employers and job applicants attending the school.

Experienced personnel specialists will be available during the week to assist job seekers and potential employers. A file of applications for employment will be maintained for review by employers, and descriptions of all job openings will be available to applicants seeking positions. On-site interviews will be conducted between employers and applicants throughout the week.

Interested applicants and employers are urged to register in advance with the Placement Service as soon as possible using the standard forms. Completed forms are to be mailed to: Placement Coordinator, S.C. School of Alcohol and Drug Studies, P.O. Box 4616, Columbia, S.C. 29240.

PURPOSE

Planned to meet the needs of professional and non-professional persons seeking a better understanding of the many problems related to the use and abuse of alcohol and other drugs, the South Carolina School of Alcohol and Drug Studies will be held June 16-21 on the University of South Carolina campus in Columbia.

In brief, the School will provide

. . . the facts necessary to understand the field of alcohol and drug problems and to develop and implement strategies for dealing with these problems in the community.

. . . an environment for exploring issues and attitudes about alcohol and drug abuse, and

. . . information about resources available in the community.

Discussion groups will permit students to deal with attitudes and feelings about alcoholism and drug abuse and to explore areas of mutual interest and concern. Assignments to discussion groups will be made at the time of registration.

The faculty will be made up of outstanding speakers and special consultants in the field of alcohol and drug studies.

FACILITIES

Dormitory and classroom space has been reserved for the School in Capstone House on the USC campus. The School will also use the auditorium and conference rooms in the University's new Business Administration building adjacent to Capstone.

CREDIT

Students may receive three hours of academic credit (undergraduate or graduate) at additional time and cost. For more information, write to the South Carolina School of Alcohol and Drug Studies in care of the Division of Educational Services, University of South Carolina 29208.

FEES

Tuition for the School is $40. On-campus housing (double occupancy) will cost $6 per day per person. Participants will have the choice of dining in the University's cafeteria facilities or at local restaurants. Food costs are, of course, governed by individual appetite, but $6 per person per day is average (total, approximately $30).

SCHOLARSHIPS

A limited number of full and partial scholarships are available to cover the cost of tuition, room and board. Scholarship requests should be mailed to the South Carolina School of Alcohol and Drug Studies (Attention: Scholarship Committee), P.O. Box 4616, Columbia, South Carolina 29240.

For additional information, write: Earl Griffith, Director, South Carolina School of Alcohol and Drug Studies, P.O. Box 4616, Columbia, South Carolina 29240.

Wednesday (cont.)

10:20 a.m. "The Structural and Cultural Determinants of Drug Addiction"
Lee Marken

Seminar #8 Keystone Room Capstone
Bill Moore, Presiding

8:30 a.m. "Family Therapy"
Bud Edge

9:25 a.m. "Healthy Helping"
James M. Readling

10:20 a.m. "The Local Commission and the Church"
Larry W. Abernathy and
Rev. Harold C. Warlick, Jr.

Seminar #9 Columbia Hall
Scott Walker, Presiding

8:30 a.m. "Judicial Responsibility for Alcohol Abusers"
Judge Larry Thomas Black

9:25 a.m. "Making Drunk Drivers Want Help"
Charles A. Weagly, Jr.

10:20 a.m. "A Psychosocial Approach to the Treatment of the Problem Drinker-Driver"
Diane L. Thompson

Seminar #10 TV Room—Capstone
Clarence Hucks, Presiding

8:30 a.m. "The Parish Minister Counsels the Problem Drinker"
Rev. James Bowers

9:25 a.m. "The Role of the Local Church in Primary Prevention"
Rev. Thomas A. Stallworth

10:20 a.m. "The Role of the Church in Treatment"
Rev. James L. Medley
Rev. Ernest Kennedy

11:05-
12:15 a.m. Group Discussion

12:15-
1:30 p.m. Lunch

1:30-
3:00 p.m. **GENERAL SESSION—Belk Auditorium**
"Techniques of Communication"
H. Stephen Glenn
"Personal Responsibility in Alcohol and Drug Abuse and Abstinence"
Thomas E. Price, Ph.D.

3:00-
3:30 p.m. Coffee Break—Rap Session

3:30-
5:00 p.m. Groups

7:00 p.m. AA Meeting and CCI Drama—
Belk Auditorium

THURSDAY, June 20, 1974

8:30-
9:30 a.m. **GENERAL SESSION—Belk Auditorium**
"Education/Prevention—Overview of Education and Prevention Techniques"
Marvin R. Levy, Ph.D.

9:45-
12:20 p.m. **SEMINARS RELATING TO EDUCATION AND PREVENTION OF ALCOHOL AND DRUG ABUSE**

Seminar #11 TV Room—Capstone
Clarence Hucks, Presiding

9:45 a.m. "Occupational Alcoholism: Its History, Philosophy and Techniques"
E. C. Ridgell

10:40 a.m. "Occupational Programs in the Work World"
E. C. Ridgell and Robert R. Charles

11:35 a.m. "Military Industrial Alcoholism Program"
Col. Arthur R. Datnoff, USA(R)

Seminar #12 Campus Room East—Capstone
Ed McMillion, Presiding

Thursday (cont.)

9:45 a.m. "Something Old and Something New, Something Borrowed and Something Blue: A Psychological Review of Why People Abuse Substances"
David E. Stenmark, Ph.D.

10:40 a.m. "The World of the Alcoholic"
Robert L. Stevens

11:35 a.m. "Body Ego Clarification in Prevention and Intervention Phases of Chemical Addiction"
Willette Dewsnap

Seminar #13 Columbia Hall
Bill Moore, Presiding

9:45 a.m. "Education as a Means of Prevention"
H. R. Barwick, Jr.

10:40 a.m. "The Impact of Media on Alcohol and Drug Abuse"
Vivian C. Jackson

11:35 a.m. "Hangover Cures and Other Recipes"
Sue M. Weston and
Charles A. Weagly, Jr.

Seminar #14 Keystone Room—Capstone
John Magill, Presiding

9:45 a.m. "Values Clarification: A Humanistic Approach to Drug Education and Prevention"
Mary Ann Lawson

10:40 a.m. "Social Seminar"
Jim Neal and Dale Gurnell

11:35 a.m. "The Black Alcoholic"
Ginnie S. Wilkins

Seminar #15 Campus Room West—Capstone
Scott Walker, Presiding

9:45 a.m. "Viable Alternative Approaches to Drug Abuse Prevention in Minority Communities"
Bobby J. Hill and Bunny Jones

10:45 a.m. "Activities of the State Department of Education Substance Abuse Unit"
W. Robert Banks

11:35 a.m. "High School Youth Rap Action Groups: A Program in Substance Abuse Prevention and Early Detection"
Ron Rocz

12:20-
1:30 p.m. Lunch

1:30-
3:00 p.m. Discussion Groups

3:00-
3:30 p.m. Coffee Break

3:30-
5:00 p.m. **GENERAL SESSION—Belk Auditorium**
"Teenagers and Drugs"
George H. Orvin, M.D.
"Techniques of Communication" (cont.)
H. Stephen Glenn

FRIDAY, June 21, 1974

8:30-
9:30 a.m. DISCUSSION GROUPS

9:30-
10:30 a.m. **GENERAL SESSION—Belk Auditorium**
"Community In Action"
James A. Greene

10:30-
11:00 a.m. Coffee Break

11:00-
11:45 a.m. Regional Groups

NOON Closing Luncheon
Masters of Ceremonies—
William J. McCord and John K. Durst
"Communication"
William H. Hale, Jr., Ph.D.
Presentation of Certificates

[redacted]RIDA TECHNOLOGICAL UNIVERSITY, Alcohol — A Symposium on the . . . Pleasures and Problems, Deborah Wheatley, Program Director of Village Center

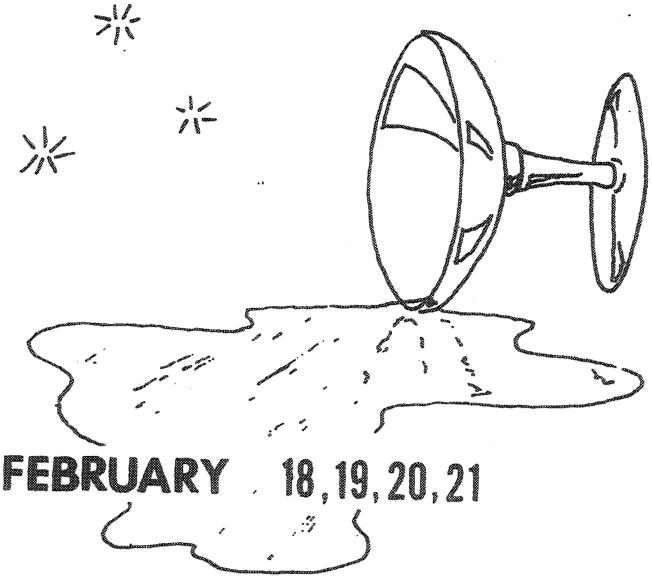
ALCOHOL

A SYMPOSIUM ON THE ...

PLEASURES

AND

PROBLEMS



FEBRUARY 18, 19, 20, 21

FLORIDA TECHNOLOGICAL UNIVERSITY

"Alcohol: A Symposium on the Pleasures and Problems"
February 18, 19, 20, 21
Florida Technological University

Tuesday, February 18

8:30 p.m. - VCAR - **"The Days of Wine and Roses"**

Wednesday, February 19

10:00 - 11:30 a.m. - MPR - **Seminar: "A Relative Thing: Alcoholism and the Family"**
Ms. Betty Jo McLeod, Executive Director of the Mid-Florida Center for Alcoholism, Inc.
Rev. Jim Allen, St. Christopher's Episcopal Church, United Campus Ministry of Florida Technological University
Film: "Alcoholism in the Family: The Summer We Moved to Elm Street"

11:00 - 12:00 noon - Village Center Knight Room - Short films on Alcohol

12:00 noon - 2:00 p.m. - VCAR - **Film: "Cat On A Hot Tin Roof"**

12:00 noon - 1:00 p.m. - Village Center Cafeteria - Ric Masten: Poetry, Song, and Philosophy

2:00 p.m. - 4:15 p.m. - VCAR - **Film: "Long Days Journey Into Night"**

7:45 - 8:15 p.m. - **"Return to Normalcy?"** - a multi-media presentation

8:30 - 11:00 p.m. VCAR - **Film: "Lady Sings the Blues"**

Thursday, February 20

10:00 - 11:30 a.m. - MPR - **Panel: "Bodies and Antibodies: Physiological Impacts of Alcohol and Some Remedies"**
Ms. Marge LeBarge, Director of THEE DOOR
Dr. Backus M.D. - psychiatry

11:00 - 12:45 p.m. - Village Center Knight Room - **Film: "Cop-Out"**

11:30 - 1:30 p.m. - MPR - **Seminar: "The Fifth Solution: Drinking and Driving"** Con't.

Various video taped spot public service announcements will be shown throughout the days on T.V. monitors located in several places on the F.T.U. campus.

Sgt. Jim Humphries - Safety Officer of the Florida Highway Patrol Department

Mr. Grant Clarke - Executive Director of the Central Florida Safety Council

Mr. Don Keirn - Safety Director of the Division Drivers' Licenses

12:00 noon - 12:30 - MPR - **"Return to Normalcy?"** - a multi-media presentation

1:30 - 5:00 p.m. - VCAR - **Seminar: "Troubled Employee Counseling"** (all persons interested in attending this session must call Mr. Jim Cherepow at 275-2771.)

Mr. Chuck Rabaut, Occupational Program consultant Division of Mental Health, Florida Department of Health and Rehabilitative Services, Tallahassee

2:00 - 3:30 p.m. - MPR - **Film: "Magnificent Obsession"**

7:00 - 8:00 p.m. - VCAR - Al McCoy, Magician and Speaker - Alcohlics Anonymous

8:00 - 9:30 p.m. - VCAR - Guest Speaker, Dr. Joyce Brothers

Friday, February 21

11:00 - 12:00 noon - Village Center Knight Room - Short Films on Alcohol

12:00 noon - 1:30 a.m. - MPR - **Seminar: "The Way It Was: Prohibition in the U.S."**

A local representative from Women's Christian Temperance Union

Professor Richard Crepeau, Department of History, Florida Technological University

Film: "Wets versus Drys"

2:00 - 3:30 p.m. - MPR - **Film: "The Bank Dick"** featuring W.C. Fields

8:00 - 10:00 p.m. - VCAR - **"W.C. Fields 80 Proof" - A stage play - $2.00 admission for General Public**

All events are opened to the public and with the exception of "W.C. Fields, 80 Proof", are free.

This symposium is sponsored by the Division of Student Affairs, the Division of University Personnel Services, and the Student Government of Florida Technological University.

Symposium Coordinators:

Michael Bisesi - Assistant for Student Development, Florida Technological University

Deborah Wheatley - Program Director of Village Center, Florida Technological University

Symposium Planning Consultants:

Dr. Charles Unkovic - Chairman of Sociology Department, Florida Technological University

Mr. Jerry Kinzler and Mr. Bill Chambers - Mid-Florida Center for Alcoholism, Inc.

Mr. Jim Cherepow - Training and Development Manager, Division of Personnel Services, Florida Technological University.

Symposium program design by Thomas Bowers, Graphic Design Student, Art Department, Florida Technological University.

This symposium was made possible by a grant from the Student Government of Florida Technological University.

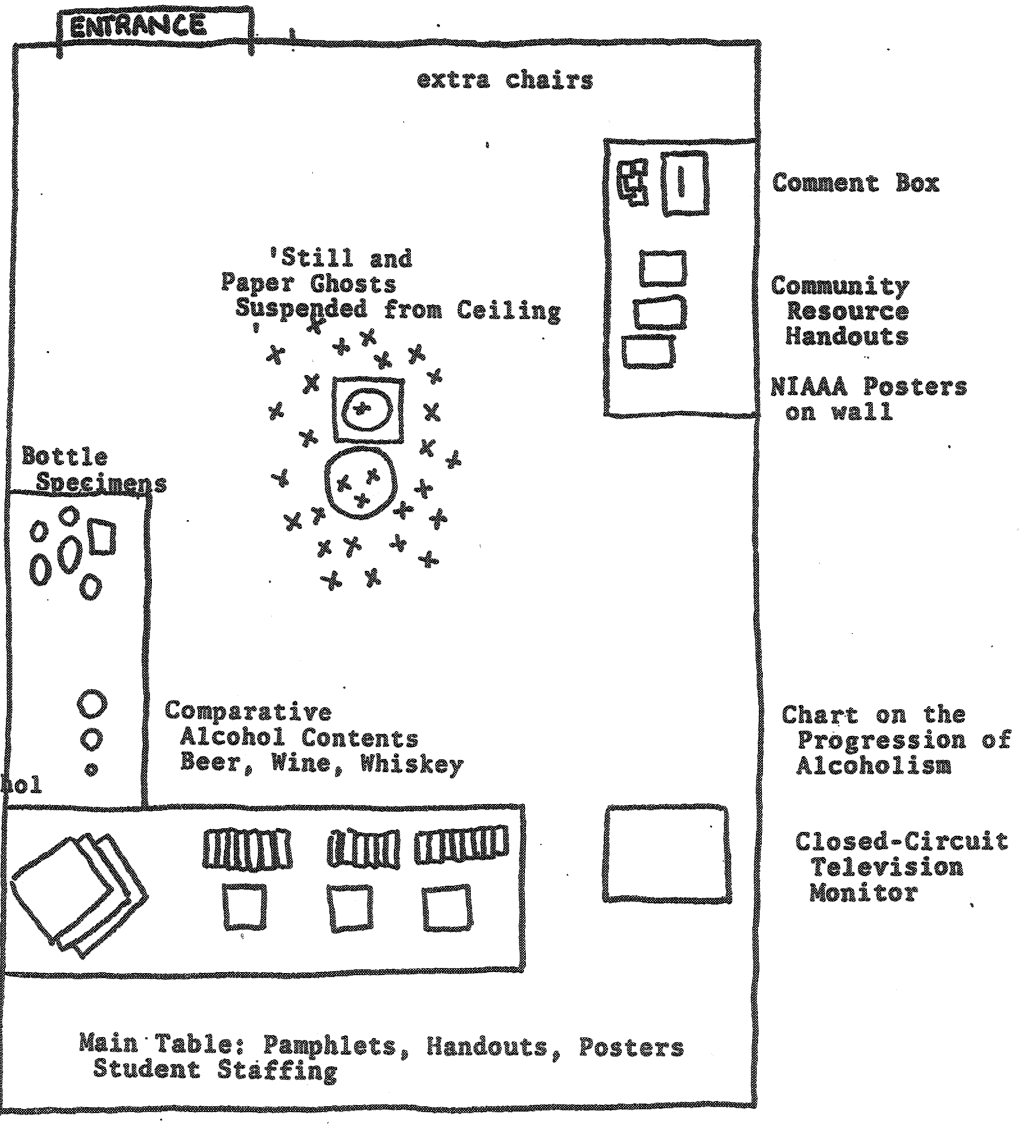
Facilities Key:

VCAR - Village Center Assembly Room

MPR - Village Center Multi-purpose Room

This public document was promulgated at a cost of $265.00 or .03 cents per copy to inform the University community of the Symposium on Alcohol.

[redacted]VERSITY OF WASHINGTON, Map of "Haunted By Spirits" Exhibit, Joan Baker, R.N., [redacted]tant Professor, Alcoholism Nursing Program



9. UNIVERSITY OF WISCONSIN

Drug Information Center
Judie LaForme, Director

DRUG INFORMATION CENTER OPEN

420 North Lake Street 263-1737

Hours: 9:00 a.m. - 9:00 p.m., weekdays

Services

A phone-line and drop-in center: A rambling house at 420 North Lake Street (just off State—serves as the headquarters for the Drug Information Center (DIC). It provides an informal atmosphere where anonymity is assured and where personal one-to-one consultation can occur.

Referral service: The DIC refers those in need of treatment or other services the Center cannot provide. Primary referral agencies are: Dane County Mental Health Center, city hospitals, Blue Bus free clinic, University of Wisconsin Counseling Center, Student Psychiatry, Legal Aid, Awareness House, etc.

Outreach education: The DIC provides programs of unbiased factual drug information. The focus of discussion is individual responsibility, values and attitudes toward drug use or non-use. Small informal groups are used in most programs. Programs range from one-time to ongoing over a series of sessions.

A library: Specialized books, research reports, journal articles, etc. are maintained. Also an up-dated set of handouts and pamphlets are available upon inquiry. They are selected or written with accuracy and to answer most frequently asked questions. Recently the Center has compiled information on specialized fields of interest to various Madison groups, such as: drugs and industry, drug treatment and the military, etc.

Correspondence on drug problems: The DIC receives letters from all over Wisconsin and beyond inquiring about drugs and their effects.

Preparation of drug education materials: This includes: preparing, writing, publishing, critiquing, reviewing and recording of drug information material, including: pamphlets, films, tapes, directories, etc. Publications of the Center include: "Drugs and the Law" (which contains reference to the Wisconsin and Federal drug laws), "Drug Use and Drug Abuse: A Guide for Parents," "Library Starter Kit," "First Aid for a Bad Trip," etc.

Consultation with other drug programs: The DIC staff is available to other communities and organizations for consultation with regard to how their local needs can best be satisfied.

A supervised learning laboratory for field placement students and volunteers: During the year 1971-72, 20 volunteers and 5 practicum and field placement students from various disciplines, including: social work, rehabilitation counseling, sociology and pharmacy were supervised while working in the Drug Information Center.

Staff

The DIC staff consists of a Director, Program Coordinator, Secretary and several part-time Specialists (all of whom are college age or recent graduates, and all of whom have experience in peer advising and drug education), and volunteers. Physicians and other professionals with special expertise in this field provide staff training and continuing back-up of the DIC staff.

Organization and Purpose

The Drug Information Center was created in August, 1970, when the University of Wisconsin Regents accepted a one-year grant from the University Foundation to fund this pilot project for drug education on the Madison campus. A Student-Faculty Advisory Drug Education Committee, created a year earlier, advises the Center. The second and third years the Center was funded by the Wisconsin Council on Criminal Justice and supplementary State funds.

The purpose of the DIC has been to make honest factual drug information available for people to use in making decisions of benefit to themselves and society. Drug education should be directed to the general objective: the kind of understanding that will permit an individual to live wisely, in harmony with himself and his environment.

10. MORGAN STATE UNIVERSITY

Drug Information Center
Lisa Williams, Director

The Drug Information Center of Morgan State University, directed and staffed by students, is an information and referral service to the Morgan community. Started in 1972, the Center has been responsible for dispensing literature on various drug-related topics, conducting seminars and providing film series. Our referral file has increased and is able to provide a wider range of services to the community.

At present, we have scheduled a series of informal drug-related talks with area agencies. One of these will be conducted by the Baltimore Area Council on Alcoholism. The staff is aware of the fact that alcohol is the most widely abused drug. As a method of preventing alcohol abuse, we see education as vital. This is provided by means of literature, visual aids and workshops.

As a culminating event for this year (1975-1976),

are planning a Health Symposium in which the lem of alcohol-use and abuse will be discussed, with other health-related areas.

UNIVERSITY OF NOTRE DAME

Campus Drinking Establishment and Bus Service or Off-Campus Drinkers

Mary Clare McCabe, Director of Student Development

SENIOR CLUB

Since the 1974-1975 school year, the Student irs Office of the University of Notre Dame has t actively involved in the operation of an on-pus bar called Senior Club. Membership in the ior Club is limited to seniors who are 21 and over its operating hours are limited, in keeping with an demic atmosphere. The club is operated by a eral manager and two assistant managers (stu-nts) who are authorized to make decisions about the day to day operation of the bar. Long range plans and decisions involving the operating philosophy of Senior Club are made by the general manager in conjunction with the Student Affairs staff.

The purpose of the Senior Club is to create an environment in which students can drink in a comfortable and relaxed manner. The Student Affairs staff recognizes the fact that students drink and that they will continue to do so, and the staff feels that it is important to provide an atmosphere conducive to responsibile drinking. The students in charge of Senior Club are responsible for keeping order and maintaining the desired atmosphere. Furthermore, student bartenders are also responsible for the amount of alcohol they serve to individuals. They are encouraged to be aware of the attitudes of the people they serve and bartending is expected to be a matter of conscience.

In evaluating the first year of the Senior Club's new approach to management, the largest problem was one of finances. Before the opening of the club, $10,000 worth of renovation was done to make the club attractive and comfortable. Furthermore, the Club is run on a break-even basis and prices at Senior Club are relatively low. Senior Club is not a "money-making" project. While finances may be a problem, the Student Affairs staff is concerned with being competitive enough to attract student patronage to Senior Club from local bars and it is not primarily concerned with large profits. However, in an attempt to make Senior Club more financially viable, a member of the University's accounting department has been asked to work with the student manager and the Student Affairs staff in long range planning and decision-making.

"THE QUICKIE"

In September of 1974 the student Ombudsman Service at the University of Notre Dame, with the cooperation of the Student Affairs Office, set up a "Quickie Shuttle Service." The Quickie provides transportation on week-ends for students wanting to go up to Michigan pubs and restaurants. The legal drinking age at Notre Dame (Indiana) is 21, while in Michigan, it is 18, and thus this service elimi tes the necessity of students having to drive their own cars up to Michigan and back — a distance of 16 miles. Students are charged 50¢ for a one-way bus trip and 75¢ for a round trip.

The Quickie, which was student-initiated and student-run, has been quite a success. According to an Ombudsman representative the "Quickie has gone smoothly without any reports of disturbances or excessive rowdiness by students." In this context it should be pointed out that another integral part of the shuttle service are student "bus stewards" who ride the busses and help sick students on a volunteer basis, receiving no pay.

The Quickie does provide *safe* and *economical* transportation to Michigan for Notre Dame undergraduates. Earlier this year, the success and feasibility of the program proven, the Ombudsman Service turned the Quickie over to the University Social Commission as an on-going student service.

12. KENT STATE UNIVERSITY

Proposal for a Free Breathalyzer Service

Joe DiFeo, Student

This ingenious experiment, conducted by a student named Joseph DiFeo, is not all that polished but it is the kind of effort that might be expanded on and refined.

Proposal: I would like to show a need for a free breathalyzer service and drunk delivery in the Kent District at all lounges and bars.

Procedure: Using the Krazy Horse Lounge, and Outpost Lounge, I would test free, individual drinkers for certain variables on Friday and Saturday evenings throughout the quarter.

Shows kinds of drink, how many, time lapse from last drink, time since last food intake, and alcohol %.

Thursday night 23 tested — 11 over legal limit. 49%+ over legal limit on this night. May 2, 1974 between 9:00 - 12:30.

Sex	Kind & No. of Drinks	Time Lapse Last Drink	Alcohol %	Food
Male	1/5 Mad Dog, 2 Beers	10 min.	.141	——
Male	2 Beers	10 min.	.015	——
Male	1/5 Mad Dog, 2 Beers	10 min.	.125	——
Male	2/5 gal. Wine	10 min.	.082	4 hrs.
Male	6 Beers	10 min.	.061	2 hrs.
Male	5 Beers	2-5 hrs.	.01	——
Male	10 Beers	10 min.	.15	2 hrs.
Male	10 Beers	15 min.	.145	——
Male	4 shots, 8 Beers	10 min.	.130	——
Male	25 draft	10 min.	.185	——
Male	6 Rolling Rock, 1 Scotch	10 min.	.13	4 hrs.
Female	2 Tequila Sunrise 1 Gin & Tonic	10 min.	.05	——
Female	3 Beers	10 min.	.025	——
Male	8 glasses Beer	1/2 hr.	.041	——
Female	5 glasses Beer, 3 can	15 min.	.115	5 hrs.
Male	10 Beers	10 min.	.159	——
Male	5 Beers	10 min.	.021	——
Male	6 Beers	10 min.	.041	5 hrs.
Male	5 Beers	15 min.	.069	7 hrs.
Male	8 Beers	10 min.	.081	——
Male	3 Pitchers	10 min.	.16	——
Male	10 Beers	45 min.	.092	——
Male	4 Beers, 8 shots	3 hrs.	.139	——

13. MENTAL HEALTH ON TAP IN RACINE'S SALOONS
Racine, Wisconsin

The Mental Health Association of Racine County in Wisconsin has developed a unique program which provides training to bartenders in how to help people do something about their troubles. The aim of the program according to Ruth Weyland, the Health Association Director, is not to make psychiatrists out of bartenders, but rather to give them four training sessions which will show them how to spot problems and where to refer people. She says, "A tavern is a non-threatening setting for people who have problems. Bartenders hear more problems than a minister does. It boils down to them doing a thing they've done for years – but being a little more aware."

One Racine tavern owner says that he can detect sickness and emotional stress by changes in his customers' drinking habits. "I can tell a man doesn't feel good when he switches from a shot and a beer to whiskey and water."

Racine is an industrial city of 100,000 between Chicago and Milwaukee. Its 160 taverns play a large role in the city's social life. Workers eat lunch in them, play cribbage in them, shoot pool in them and take their wives to the Friday night fish fries in them. But Racine apparently has more than its share of alcoholics. As Ruth Weyland says, "When you find an industrial community, you are going to find heavy drinking. It's a monotonous thing to be on the assembly line. Drinking is their only form of release."

Tavern owners clearly avoid telling people that they have troubles for fear of losing customers. But in many situations a full knowledge of the social services offered in Racine can come in handy – and this is one of the major lessons provided in the training session. There are 22 different referral agencies in Racine, offering guidance in such varied areas as budgeting, drinking, drug use and teenage rebellion. Many tavern owners post a list of referral numbers near the telephone or beer coolers. It's not unusual to see it being studied by customers.

14. UNIVERSITY OF COLORADO
Developing Alcohol and Drug Programs to Assist in Handling Behavior Problems
Edward E. Mayo, Coordinator, Student Conduct

The Office of Student Conduct Policies and Standards at the University of Colorado has taken a particular interest in how alcohol and drugs are playing a role in student discipline problems on campus.

Spring semester 1975, the office conducted two pilot surveys of University students to help determine whether or not a problem with alcohol existed on this campus. Survey group 1 consisted of 100 randomly selected students from the general University population and survey group 2 consisted of 200 male dorm residents (primarily freshmen and sophomores) who had not participated in survey group 1.

Both groups were given a modified version of the Drinking History Questionnaire designed and used by the State of Colorado Division of Highway Safety, Alcohol-Driving Countermeasures Unit. This questionnaire is a synthesis of items from the MMPI, the 16PF, the Michigan Alcohol Screening Test, and various drinking history questionnaires that have been used by alcohol treatment programs throughout the country. It was designed to look at indicators like those indicators used for other national norms. There was approximately 70% return rate in both group I and group 2.

The analysis of the Drinking History Questionnaire designed by the Division of Highway Safety was developed in such a manner as to have an increased chance of identifying problem drinkers. Clearer distinctions of existence or non-existence of a problem were made evident through personal interviews and blood-alcohol tests administered at the time the subject was arrested for drinking and driving. Because of the structure of our survey, lack of personal interviews and no arrest and blood-alcohol indicators, the analysis criteria were refined so that we required twice as many indicators on the University's modified version of the questionnaire to identify a problem drinker than the original questionnaire designed by the Colorado Division of Highway Safety.

Group 1 and group 2 were divided into (1) no problem, (2) problem, (3) need for short term treatment, (4) therapy program should be instituted, and (5) severe problem categories. The two groups were found to be highly similar (Chi square 6.569654 with 4df, not significant at the .10 level). The two groups were then combined and measured against national norms for problem drinkers vs. no drinking problem. Comparison of University group(s) with national norms resulted in our survey group(s) having significantly higher frequency of problem drinkers. (Chi square 58.040464, 1df, significant beyond the .001 level). This finding suggests that there might be a considerably larger problem related to alcohol and drugs on the University campus particularly in comparison to national study than previously anticipated and that there is need for further study to better identify and understand the kinds of alcohol problems that exist on campus.

Beginning with the fiscal year, July 1, 1975, the Office of Student Conduct started keeping a record of cases received that were alcohol or drug-related. From the beginning of the fiscal year to the present date this office has received a total of 42 cases in which 35.72% were in violation of University conduct policy occurring while the student was under the

influence of alcohol, 26.19% of cases referred were in some way connected with drugs, and 38.09% were other than drug or alcohol-related.

Taking into account the information from the survey, the high number of alcohol and drug-related cases referred to the Office of Student Conduct, informal information from residence hall staff, University police, and a number of agencies in the University area, this office is designing two programs to deal with alcohol and drug-related cases referred to the office. The programs will be educational by providing factual information about the physical and psychological effects and the legal implications of alcohol and drugs, as well as giving the students involved in these groups an opportunity to communicate with others who are experiencing similar difficulties. Discussions will center around how they became involved and give the student a chance to take a look at his/her personal development at this point in time as well as where he might be headed.

This project is designed specifically for students who have had conduct problems. The groups will be guided by a facilitator and a paraprofessional assistant and will have educational films, informational materials, and discussions of behavior of the participants as well as professional experts visiting to discuss legal implications and psychological and physiological aspects of drugs and alcohol.

15. UNIVERSITY OF PUERTO RICO

Educational Experiences Focusing on the Prevention of Alcohol Problems
Juanita Carrillo-Diaz, Dean of Students

The University of Puerto Rico, Rio Piedras Campus, has been able to involve many members of its community and the Department of Addiction Services in alcohol education efforts. Twenty-five professionals were trained under the Preventive Health Program of the Dean of Students Office and have participated in information-giving and discussion sessions with students. Topics have included alcohol and its effects; prevention of alcohol excess and related problems; drunkenness; traffic deaths due to alcohol; alcoholism, causes and treatment; and alcohol problems in industry. Sessions are held in different locations on campus in hopes of involving many of the 26,000 students. Emphasis was on promoting discussion between students and various professionals following the showing of a film, distribution of a brochure, presentation of an exhibit or other alcohol education method. Alcohol information is also included in various psychology, rehabilitation counseling, human welfare, education and social work courses. Alcoholism is offered as a concentration in the Graduate School of Social Work.

Plans for the 1975-76 academic year include another series of educational activities for the student population. Peer-group discussion as well as dialogue with professionals will be encouraged. An Alcohol Information Center will be developed on campus with the help of the State Prevention Coordinator. The Prevention Coordinator in conjunction with the Alcohol Safety Action Program (ASAP) will provide students a means of determining their blood alcohol levels.

The Dean of Students Office is concerned that the students, many of whom come from economically and culturally deprived homes, are likely to abuse alcohol. It is hoped that these education activities can help students through the stressful college years without developing alcohol problems.

16. UNIVERSITY OF DELAWARE

Employee Assistance Program and Task Force Activity
David Butler, Associate Director of Residence Life

Beginning in February of 1974 the University instituted a procedure for treatment of employees whose use of alcohol affects their job performance. Through these procedures the University is actualizing its committment to assist its employees in resuming productive lives. If it is determined by the Provost or the Vice President for Employee Relations, the employee's supervisor, and the University Psychiatrist that the employee has a drinking problem which adversely affects his/her job performance, efforts will be made to assist the employee to rehabilitate him or herself. If the employee agrees he or she may be sent to a selected treatment center for up to 30 days. The expenses are covered by the University. A complete outline of this procedure appears below.

As a broader effort a task force on responsible drinking has been formed. This task force is composed of representatives of the various segments of the University community, individuals representing the Alcoholism Council of the State of Delaware, Alcoholism Services of the State of Delaware, and Drug Abuse Services of the State of Delaware. The task force is focusing on two primary areas. (1) Treatment: Attempts are being made to locate agencies that can handle students who have severe alcohol problems. In addition efforts are being made to develop a program of peer counselors who can assist students in working through alcohol related problems. (2) Prevention: Efforts are being made to mount a media campaign using films, posters, pamphlets, etc. In addition programs on alcohol use and alcoholism are being prepared

presentation to student groups.

It is hoped through the above efforts that we will begin to have a positive impact on this very important area of alcoholism and alcohol use.

PROCEDURES FOR THE TREATMENT OF EMPLOYEES WHOSE USE OF ALCOHOL AFFECTS THEIR JOB PERFORMANCE

(February, 1974)

When a University employee's performance is adversely affected by the use of alcohol, the University's commitments to excellence and the general health and welfare of the University community require that corrective action be taken to rehabilitate such employee or to terminate his or her services if rehabilitation cannot be accomplished within a reasonable length of time.

It shall be the policy of the University to assist, whenever possible, in the rehabilitation of any such employee.

Employees with an alcohol problem are strongly encouraged to discuss the matter with their supervisors, in order that assistance may be provided towards the goal of continued employability.

When it appears that an employee's job performance is adversely affected by the use of alcohol, the Provost, with respect to the members of the faculty, and the Vice President for Employee Relations, with respect to all other employees, shall conduct such investigation as is necessary to determine if there are sufficient job performance problems to indicate that corrective action is required.

1. *Employees With More than Two Years of Service (or With Tenure)*

   When the Provost or the Vice President for Employee Relations is satisfied from his investigation that corrective action is required with respect to an employee with more than two years of service, he shall:

   a. Arrange one or more conferences among the employee, the University Psychiatrist, and the Provost or Vice President for Employee Relations to discuss the employee's problems and the kinds of assistance which are available.

   b. If, in the opinion of the Provost or the Vice President for Employee Relations, the employee's supervisor, and the University Psychiatrist, the employee has a drinking problem which is adversely affecting job performance, the employee shall become rehabilitated within a reasonable time, either pursuant to counseling and treatment under the auspices of the University Psychiatrist, or through a program of self-rehabilitation, which may include treatment by a psychiatrist retained by the employee at his or her own expense. The role of the University Psychiatrist is to assist the University administration in evaluating the employee and the circumstances surrounding the case and to assist and advise the employee in making appropriate treatment arrangements. The University Psychiatrist is not available for treating employees under this policy.

   c. If the employee elects to attempt rehabilitation with the assistance of the University Psychiatrist, or promptly retains an outside psychiatrist, the employee may elect admission, at the University's expense, to a University-selected treatment center for not more than thirty days. If the employee elects admission to the treatment center, he or she shall be placed on a leave-with-pay status. Where applicable, the employee shall utilize accumulated sick leave, earned or accrued vacation days, or approved vacation days.

   d. An employee undergoing rehabilitation shall continue normal duties of employment except during the time, if any, when undergoing treatment at a treatment center.

   e. If, during the period of rehabilitation, the employee's job performance is adversely affected because of the use of alcohol, leave of absence without pay for ninety days shall be given. During such leave of absence, employees who have not previously availed themselves of treatment in a University-selected treatment center are eligible for this option for a period not to exceed thirty days, but without pay. If the employee rejects such leave of absence or fails to satisfy the Provost or the Vice President for Employee Relations and the University Psychiatrist that he or she has become rehabilitated during this ninety-day period, termination for cause shall occur in accordance with the University procedures established for the employee. During, or at the conclusion of said ninety-day period, if, in the opinion of the Provost or the Vice President for Employee Relations and the University Psychiatrist, the employee demonstrates adequate evidence of rehabilitation, the employee shall be permitted to return to his or her position of employment, with the understanding that a recurrence of drinking problems such as to affect job performance shall be cause for termination in accordance with established University procedures.

f. If the employee, after rehabilitation, again demonstrates that his or her job performance is adversely affected by use of alcohol, the case shall be handled on an ad hoc basis.

g. The University will assume financial responsibility for confinement to an alcoholic treatment center once only.

h. If terminated for cause under this policy, the employee may apply for reemployment not earlier than one year following termination, and reemployment shall be considered based on circumstances at that time.

2. *Employees With Less Than Two Years of Service (and Who Do Not Have Tenure)*

When the Provost or the Vice President for Employee Relations is satisfied from his investigation that corrective action is required with respect to an employee with less than two years of service, each case shall be handled on an individual basis taking into account the seriousness of the problem and the potential value of the employee if rehabilitated. Such an employee may be terminated for cause without attempted rehabilitation, but ordinarily an effort will be made to assist such an employee to become rehabilitated, utilizing the procedures outlined above, except that the University will not ordinarily undertake the expense of treatment at a treatment center and ordinarily will terminate rather than grant a leave of absence to an employee whose job performance is adversely affected by the use of alcohol during the period of probation.

Nothing in these procedures abrogates established University policies and procedures for dismissal.

17. HASKELL INDIAN JUNIOR COLLEGE

Alcohol Education, Prevention and Treatment Program

Sandi Golden, Program Director

The Haskell Indian Alcohol Education and Prevention Program is located in a dormitory on the campus of Haskell Indian Junior College in Lawrence, Kansas.

Haskell officials became interested in establishing such a program over three years ago. The widespread awareness and knowledge of Indian alcoholism became a concern, as HIJC has a population of approximately 1200 Native American youth from all over the country. Through the efforts of several interested persons, a proposal was submitted and funded October 1974.

The dormitory, Minoka Hall, houses fifty (50) students who have been previously recognized by Haskell officials as having particular problems with alcohol or drug abuse. The dormitory staff has received training in this area so as to assist the program staff. When the need for special counseling and/or special programs arises, the problem student is referred to the program. Students in Minoka Hall are encouraged to live openly, sharing and helping each other with problems. The dormitory is equipped to provide for male and female students.

The Alcohol Program has a full-time staff and eight student counselors on a part-time basis. Student counselors serve as a peer group as well as a liaison between students and staff. A director, a counselor, an educator, and a secretary make up the full-time staff.

The primary objective for the program is to educate about alcohol and prevent alcoholism and drug abuse at Haskell. Our philosophy is total abstinence, which is accepted by students because traditionally Native Americans did not use alcohol and other drugs for any activities except for religious ceremonies.

There are four components at the Haskell Alcohol Program:

1. Education and prevention credit and informal educational programs for Haskell students and other selected groups;
2. Cultural - Alternatives utilizing cultural traditions, spirituality, etc., promoting student involvement;
3. Staff development - Alcohol program staff, Haskell residence hall staff, counseling staff and instructional staff, as well as other selected staff groups;
4. Research and evaluation - Studies to explore possible cause and/or correlational relationships and evaluations on all phases of the program.

An additional component, which came out of the above, is the legal aid. In our first three months of operation it was found that fifty (50%) percent of our caseload was crime-related due to the excessive use of alcohol. Thus, we found the need to explore the possibilities of establishing a working relationship with the law enforcement agencies, the court system and the correctional institutions. With continued efforts, we are in a position to help more students in school in addition to creating a stronger communication with the community.

Since our program is not equipped with a treatment facility, we have established a referral system with local medical facilities as well as halfway facilities. When necessary, we utilize halfway houses also. Each referral is designed to fit the needs of the individual with followup counseling by the program staff.

Many different projects are created to encourage student involvement; i.e., visits to Leavenworth Penitentiary; pow-wows; fried bread and bean dinners; youth alcoholism and drug abuse conferences; rap sessions; Indian musicians; etc. Many youth, even college youth, feel that boredom is an underlying factor of drinking and drug abuse. We encourage participation in alternative activities which in essence is sponsoring a positive outlet instead of a negative one. We have also found that in many cases drinking is an incidental problem due to increased frustrations and "problems with no answers." At any rate, any service provided by our program components is geared toward relieving the pressures to help a particular individual in his/her endeavors to succeed in education and, especially, to plan a brighter future. Our hope is in our old people, our future is in our youth.

18. LOUISIANA STATE UNIVERSITY

Committee on Responsibility in Drinking
Dr. Paul Koenig, Vice Chancellor for Academic Affairs

The Louisiana State Committee on Responsibility in Drinking, which came into existence in mid-1975, has been extremely active. The committee, chaired by Dr. Paul Koenig, has not only secured the involvement of students, faculty, and administration, but it has also been effective in utilizing the state and community alcoholism programs as resources. Four sub-committees have been created: Information Dissemination, Education, Counseling, and Research. Among the activities which have been undertaken (or are being planned) are a term paper contest (with the state providing the prize monies); a documentary of the drinking problem on campus; an alcohol seminar; training for dorm counselors; articles in campus publications; a counseling service; a survey to provide baseline data; and the development of a pool of persons who would be interested in doing research on alcoholism.

APPENDIX A
EXAMPLES OF TRAINING PROGRAMS AND COURSES OFFERED

UNIVERSITY OF MASSACHUSETTS
Training Program for Peer Counselors

Peer counselors can be an important part of a broad based mental health delivery system in a university setting. Basically, peer helpers may be more acceptable with certain clientele and certain problem areas to understand and relate directly to the concerns of these clients. Peer counselors can act as a base of support for the client who feels the helper is more in tune with the context of his or her life than a helping professional. They can provide a viable alternative form of mental health assistance for a large segment of the student population.

The peer counseling program at the University of Massachusetts, Amherst, is part of Room-to-Move, a student-staffed alcohol, drug, and crisis counseling and education center. Room-to-Move is affiliated with the University Health Services which offer the 23,500 students a comprehensive health program in which peer counseling and education efforts are integrated with the other health services. The peer counseling staff receives advice on the training program and limited assistance from the professional staff of the Mental Health, Medical, and Community Health Education Divisions of the Health Services as well as from certain academic departments. Referrals occur between peer counselors and the various professional helping agencies according to the needs of clients.

The counselor training program is divided into pre-service and in-service training. The pre-service training is designed to provide newly selected counselors with a conceptual and practical understanding of the counseling process and the helping role. The peer counselors receive training in basic counseling theory and skills, crisis telephone work and referral skills, crisis intervention principles and drug and alcohol related problems.

The ongoing in-service training is aimed at helping staff members refine their helping skills through weekly workshops and counseling supervision. Special emphasis is given to training in increased sensitivity and awareness of special groups such as minorities, women, veterans, and gay people. Drug and alcohol counseling strategies are also emphasized.

Selection Process for Peer Counselors

At the beginning of the fall semester, people interested in working as counselors for the year complete an application questionnaire and are interviewed by one of the experienced Room-to-Move staff members. A group of staff review the applications and interview notes to determine the applicant's previous experience and training in counseling and to evaluate the person's openness, warmth, interpersonal communication and maturity during the initial interview. Approximately half of the initial applicants are invited for the final selection process.

The final selection is based largely on impressions from a group interview in which small groups of applicants meet with successive groups of staff until each staff has met with each student group for at least 30 minutes. Questions frequently asked by staff in the interviews include: How do you help someone? How do you define drug or alcohol abuse? What is important to you in life? What would you do in a situation you felt you couldn't handle?

Following the group interviews, approximately a quarter of the initial applicants are selected to be trained as new peer counselors. Final selections are based on the following criteria: a person's sense of confidence/personal security, positive energy, openness and interpersonal warmth, skills at relating to other people as evidenced in the interviews (listens to others, asks quesitons of others, speaks with clarity), awareness of personal strengths and weaknesses and finally the person's ease with self disclosure. The selections are also made with consideration of the need for a balance of men and women and for adequate minority representation on the overall staff.

Pre-Service Training for Peer Counselors

Pre-service training consists of a two-hour meeting every week for a semester. During the first semester, new counselors also work in the counseling center along with experienced staff in order to

become familiar with the work and involved in the center's business.

Assumptions Underlying the Training:

Certain assumptions underlie the method of training employed.

1. People have natural ways of helping. Part of the training is to help the counselor name and refine those basic helping skills.
2. People learn counseling by doing counseling; therefore experiential learning is emphasized in the training.
3. People can help others examine their problems to the extent that they have examined and gone through the process of understanding their own problems.
4. An environment or relationship that builds trust, recognizes the uniqueness of the individual and allows for people to feel free to be who they are will encourage risk taking and growth in human beings.
5. People learn the counseling process by experiencing both the counselor and client roles.
6. The trainer's role is vital and powerful and people will pick up and model the ways in which that person goes about helping others in the training group.

Goals of the Training:

1. To help new people become effective counselors
2. To help new people know how to deal with varieties of crises
3. To help new people feel integrated into the work and relationships at Room-to-Move
4. To help peer counselors know their limits and where to get further help.

Process and Content

Generally, a group learning process is used to encourage each new counselor to voice learning needs, personal issues, working concerns or desires for specific content areas. These needs are responded to by the group. A climate of learning is created to foster an environment where needs and conflicts can be freely expressed. Interpersonal and group issues are also made explicit and dealt with as live experiences of problem and conflict explication and resolution.

The leader or trainer of the group tries to create an open, warm, supportive, caring atmosphere that is found in the peer counseling relationship. As facilitator, the trainer models qualities and approaches within the training group which are useful in the counseling relationship: a counselor is open, helps draw out the client's concerns, helps the client articulate needs, clarify issues, take responsibility for his/her own actions, confronts the client with feedback on his/her interpersonal impact and helps the client discover perspectives, alternatives, and action plans to make a difference in his/her life.

The beginning training sessions are generally more structured to help set the norms and working definitions of the group. For example, the trainer asks each group member to talk briefly about how he or she is feeling today in order to make contact with each person and set that kind of expression as a norm. After everyone has responded, the trainer introduces a crisis role play situation. Later training sessions become less specifically structured by the trainer and more directed by group member needs. Specific content issues get dealt with in the context of people's personal experience or their experiences working in the center.

Class Learning Structures

Structures used in training sessions are most often ones where trainees have a chance to actually counsel each other and receive comments and feedback on their counseling. These structures provide for freedom and experimentation so that people can work on counseling, gain some clarity on their own problems by playing the client role and fill out their own ideas and understandings of counseling.

a. *Role Play* – Trainees play client and counselor roles and do actual counseling sessions in front of the group. Immediate feedback and discussion follow.
b. *Experiential Triads* – In a group of three, one person is the counselor, another the client and the third a process observer. The client is instructed to actually work on some real issues. Following the session the observer helps feedback and process the counseling session. Triads may then share with other triads.
c. *Short Position Papers* – Papers can deal with Notions of Counseling, Definition of a Healthy Person, the Nature of Humankind. Such papers are used as a basis of discussion for a given session.
d. *Short Mini-lectures* – When requested and needed by the group, such areas as models for crisis intervention and a general model for peer counselor are presented in a more didactic fashion.

In-Service Peer Training

As part of the ongoing training process, the whole staff participates in weekly counseling supervision groups with new and old staff members in each small group. In these groups, the new counselors see how the more experienced counselors talk about and role play their work with specific clients. Counselors gain insight into how to handle specific issues that come up in counseling by explaining the

case to the group and receiving help in analyzing his/her approach. These groups also serve as support groups for the staff. Occasionally, supervision sessions with experienced mental health professionals are provided by staff groups.

Much of the in-service training consists of weekly workshops on such issues as racism, sexism, values clarification for drugs, alternatives in counseling, or alcohol counseling. The following is a design that can be used for training in alcohol counseling. This is an example of the kind of in-service training workshop that Room-to-Move trainers present to all counseling staff throughout the year.

Alcohol, A Specific Training Approach

The following is an outline of a two session workshop (each session lasting about two hours) on alcohol counseling. Three different kinds of alcohol clients are identified.

Chronic Drinker – person who is considered an alcoholic, meaning that the person is psychologically and physically dependent on alcohol and uses it daily in great amounts.

Problem Drinker – person who is potentially an alcoholic, who is experiencing difficulties and/or exhibits destructive behaviors while drinking.

Significant Other With Alcohol Problem – person who is being affected by a close friend or relative who has a drinking problem. Person possibly fears he/she might develop a drinking problem.

The workshop design is as follows:

1. Read to the group an opening presenting statement made by each kind of alcohol client.
2. For each statement, the trainees are asked to list three assumptions he/she makes about that particular client and three issues that he/she as a counselor would check out.
3. These assumptions and issues are then shared in the large group.
4. Trainees are divided into groups of five and each kind of alcohol client is role played by one of the trainees while another trainee takes the counselor role. After each role play the session is processed by an experienced trainer or counselor. Pertinent issues and approaches related to the specific alcohol client are discussed.
5. When all groups are finished working with each kind of alcohol client, the group as a whole lists specific issues and learnings appropriate to each kind of alcohol problem. From this, different counseling strategies are developed for the various alcohol clients.

Example of opening line and role play information for the problem drinker.

Opening Statements – Do you have any information about alcohol? I've been going out with friends four or so nights a week to drink. Sometimes I wonder if I'm drinking too much. Some weird things have been happening, like we broke some furniture in the dorm and friends got me to scream out of a window. Feel like maybe I made an ass of myself.

Observations by Counselor – Client unclear, hesitant, not sure what he/she wants, seems dependent on the judgment of the counselor about his/her drinking behavior (too much?). Person says he/she feels like a sheep going along with the crowd. Person seems very unsure of him/herself.

The following is a summary of learnings, issues and resultant counseling approaches for problem drinkers that emerge from the above workshop design.

1. Look at person's loss of control over behavior and resultant tendency to let other's control him/her.
2. Have person look at his/her responsibility for being in this position with alcohol.
3. Help person clarify and identify drinking pattern. What is person getting from this pattern?
4. Help person clarify what choices, options or alternatives are available to him/her regarding his/her drinking problem.
5. Look at social, environmental context, i.e. dorm situation, that person is involved in to see how this relates to or affects his/her drinking problem.
6. Have problem drinker view the drinking as a symptom of another problem or group of problems, i.e. drinking as a coping device.
7. What short term goal or contract can be made with problem drinker to help him/her change his/her drinking behavior.

From the above workshop, peer counselors can get a better understanding of how to work with someone who has a drinking problem.

Summary

A brief description is given of the peer counselor training program offered by Room-to-Move, a student-staffed alcohol, drug and crisis counseling center at the University of Massachusetts. Selection procedures, pre-service and in-service training models are explained. An example of a training workshop in alcohol counseling is also included. A model of peer counselor training is presented which can be replicated in similar settings.

Submitted by:
Lawrence L. Ruhf, M.Ed.
Training Coordinator at Room-to-Move

UNIVERSITY OF MASSACHUSETTS
Training Program for Peer Alcohol Educators

Peer Alcohol Educators can be important resources in campus efforts to foster responsibility in alcohol use among students. They function most effectively as part of comprehensive campus efforts to deal with alcohol use and abuse. At the University of Massachusetts, Amherst, the peer alcohol educators of Room-to-Move (a student-staffed drop-in center) are part of a comprehensive University Health Services program in which peer counseling and education efforts are integrated with the other health services offered the 23,500 students. The efforts of the peer alcohol educators are actively assisted by both the other Room-to-Move staff and the professional staff of the Community Health Education and Mental Health Divisions of the Health Services. The peer alcohol education program expands the preventive thrust of other health service programs which provide treatment for students with drinking problems.

Peer Alcohol Educators are students selected and trained to work with groups of students in alcohol education programs. They are mainly responsible for facilitating single and multiple session discussion groups (workshops) which aim to increase knowledge about alcohol and its effects, encourage attitude examination, and foster responsible decision making concerning the personal and collective use of alcohol. The peer educators also assist in the tasks of community development and the ongoing evaluation of other program activities.

I. Selection

The identification of capable persons who can function as peer educators is of paramount importance to the success of program efforts. Applicants are rated on a number of factors involving knowledge, experience, and demonstrated abilities. In general, specific knowledge is far less important than experience and demonstrated abilities related to small group facilitation.

a. Knowledge about values clarification skills, counseling techniques, community health education and/or community mental health principles, and small discussion group leadership is helpful. Some familiarity with issues involving alcohol and other drugs is also useful.
b. Experience in small discussion group leadership and facilitation is very desirable. Applicants are sought with related experience in values clarification, group counseling or educational programs, and alcohol or other drug programs.
c. Demonstrated individual abilities or qualities are judged most important. Applicants who demonstrate an ability to talk comfortably about alcohol and other drugs, an ability to listen well, and a high "ham factor" (defined as the ability to capture and retain the interest and attention of a group and enjoy the process) are sought. In general, successful peer educators are also assertive, articulate, and able to elicit trust and help develop a group climate where other people feel comfortable dealing with personal issues of a threatening nature. To assess such abilities, small group interviews are used as part of the selection process.

Most of the people who are rated high on the above factors have career goals in the human service field.

For the peer alcohol educator program, high priority is placed on choosing an equal proportion of males and females, and an adequate number of Third World students, veterans and former alcohol abusers. Importance is also placed on selecting students who have developed responsible ways of integrating alcohol into their lives.

Selections are made by staff experienced in peer counseling and educational activities. The selection process includes: screening of initial applicants by staff personnel; interviewing of final applicants in both individual and group settings, with ratings of each applicant on the above criteria; and final selections based on both the applicants available and program needs for a diverse staff.

II. Training

The training process involves a number of approaches. Since all peer educators are considered staff members of a campus peer counseling and education program, Room-to-Move, each educator is responsible for attending the peer counselor training sessions and for providing a limited amount of counseling. The peer educators also attend a special training course on peer education techniques for three hours a week for the entire year. This course is supplemented with field experience.

Peer Education Training Course

The training course begins with an orientation to the objectives, staffing patterns and design of the program. In the initial session the peer educators also participate in a sample alcohol education discussion group. As participants, they begin to experience the same type of process they will later be facilitating for others. The early experiential focus also begins to build an atmosphere of trust and rapport within the group.

The peer educators are given a broad background in drug use, including basic physiology, to enable

them to see alcohol in relation to the larger drug spectrum. Along with this, psychological issues related to drug use such as motivation, dependence, and the experience of altered states of consciousness are discussed. Different types of problem drinking behavior are described and the major types of intervention used with problem drinkers are introduced: legal, mental health, medical and educational. The peer educators are given material on the different peer approaches used in dealing with alcohol use and abuse, etiological factors concerning groups which are at greater risk of becoming problem drinkers, and the causes of that greater risk.

Time is spent exploring various socio-cultural issues such as the interrelationship between alcohol and: family/parenting issues, male/female sex roles, socio-economic factors, racial and ethnic concerns, and special interest concerns of gays, veterans and youths.

The peer educators discuss material concerning campus drinking norms and behaviors. They also learn about on and off-campus referrals and resources for problem drinkers as well as for educational efforts.

In order to develop the peer educators' skills necessary for this work, four hours of class time are spent on the different theories of identity formation and human growth and their implications for group work. Peer educators also explore some of the dynamics behind peer pressure and social norms so that they can help students work effectively with these issues. Different theories and styles of group leadership are explored in the course and the areas of small group dynamics, process observation and alternative interventions are discussed. The theory and use of value clarification is seen as an important part of the training. The course serves as a place for the peer educators to develop their interpersonal skills and to receive feedback and reflect on personal leadership styles.

Concurrently with all of the facets covered in the course, the peer educators are asked to design their own workshop concerning alcohol and to present this during class time to the other educators as a "practice" session. The whole group then discusses the content and leadership style evident in the session as well as sharing their personal reactions.

Field Experience

In the beginning, peer educators observe the staff leading small group discussions for students with the intent of giving them a first hand look at what they will be expected to do. As the training progresses, the peer educator begins to co-lead discussion groups with the staff, which permit peer educators to use their skills gradually without feeling the burden of being totally responsible for the group. They are encouraged to explore how the leadership theory presented in the course fits with their experience of their leadership in the group and to receive feedback on this from the staff.

Finally, peer educators take total responsibility for running student discussion groups while staff observe and supervise the sessions as the basis for feedback about the process and leadership style. Evaluation/reaction sheets are solicited from the participants of workshops as a further means of providing feedback to the peer educators about the content, process and leadership style.

Other Skills

Individual skills concerning referrals, counseling and crisis intervention are also highlighted, as the educators must know *how* to make a referral as well as *where* to refer. They must be able to be helpful and supportive to any member of a group who needs some personal attention without disrupting the group process. There are other times when the educator will have to handle a personal crisis situation which arises in a group and arrange an appropriate referral.

As the peer educators assist in the process of community development, they are presented with both the philosophy and practical approaches to perform the task. They also assist in the administration of some evaluation instruments and are exposed to an overview of the evaluation scheme in order to understand its importance to the education effort.

III. Summary

A brief description of a peer alcohol education training program is given, including the selection and training of such persons. The model seems most useful for peer leadership of small group discussions about alcohol use and related issues.

Submitted by:

E. T. Mellor, M.Ed.
Peer Education Coordinator
Demonstration Alcohol Education Project
University of Massachusetts
Amherst, Massachusetts

UNIVERSITY OF CALIFORNIA AT BERKELEY

SPRING QUARTER 1974
ALCOHOL AND OTHER DRUGS: PREVENTION AND SOCIAL POLICY ISSUES

Open to: Upper-division and graduate students, particularly those in behavioral sciences fields such as anthropology, criminology, psychology, public health, social welfare, or sociology.

Course: Public Health 191E. Three units. Meets Tuesday 10:00-12:00, 522 Warren Hall.

Instructors: Don Cahalan, Ph.D., Professor of Behavioral Sciences in Residence
Richard Seiden, Ph.D., M.P.H., Assoc. Professor of Behavioral Sciences in Residence
Robin Room, Lecturer in Public Health

Course Content:
1. How do social and health "problems" get to be "problems"?
2. History of preventive and educational measures to control use and misuse of alcohol and other drugs.
3. Policy issues in control of alcohol: social pressures, health appeals, laws and regulations.
4. Policy issues in control of other drugs.
5. Planning and assessment of educational and preventive measures for control of misuse of alcohol and other drugs.

Seminar/discussion format. Participation by experts in the field.

For further information: Call Don Cahalan or Richard Seiden, 549-1284, 642-4861

This course is supported by Training Grant MH-12821 from the National Institute on Alcohol Abuse and Alcoholism, National Institute on Mental Health.

UNIVERSITY OF WISCONSIN AT MADISON

SOCIAL WORK 453
REQUIRED READINGS AND OUTLINE

List of Readings:
Drugs from A to Z - R.R. Lingeman
A New Connection - John Frykman
Mystification & Drug Abuse - H.L. Lennard, et.al.
Society and Drugs - Richard Blum and Assoc.
Alcoholism: Modern Psychological Approaches to Treatment - Richard Blum & Eva Marie Blum
Frontiers of Alcoholism - Morris E. Chafetz
The Disease Concept of Alcoholism - E.M. Jellinek
Society, Culture and Drinking Patterns - David J. Pittman and Charles R. Synder
Quarterly Journal on Alcoholism
Alcoholism and the Helping Profession - Edited by Richard Buckley - University of Wisconsin Extension
These readings may be found in the bookstore or any university library including the Memorial Library.

Outline of Subject:

I. *An Overview - Prehistory to Present*
   A. Definition of Terms
      1. World Health Organization definitions
         a. Alcoholism
         b. Drug Dependence
            1. Physical
            2. Psychological
         c. Tolerance

- B. Pathology and Etiological Theories
  - 1. Medical Model - Disease concept
  - 2. Criminal Model - Drug abuser as criminal member of society
  - 3. Social Work Model
- C. Ethnic and Cultural Influences
  - 1. Patterns of drug and alcohol abuse
    - a. England
    - b. France
    - c. Italy
    - d. United States
  - 2. Treatment programs in foreign countries

II. *Mystification, Myths and Realities*
- A. Mythology
- B. Jargon
- C. Facts

III. *Research*
- A. Methodological Problems
  - 1. Sample groups
  - 2. Biased reporting
- B. Social Impact of Research Findings
  - 1. Professional Attitudes
  - 2. Popular Opinion
  - 3. Legislation

IV. *Physical, Psychological Aspects of Drug Abuse*
- A. Medical Research Finding on Effects of Certain Drugs on Physiological Functioning
- B. Factors of Withdrawal
- C. Altered States of Consciousness
- D. Psychological Dependence

V. *Social Influence*
- A. Society's Influence on Use
- B. Social Costs
  - 1. Family disruption, children & youth
  - 2. Unemployment & non-performance
  - 3. Friendship ties
  - 4. Economic

VI. *Legislation*
- A. Historical Factors
- B. Current Legislation and Trends
- C. Lobbying
- D. Related Laws
  - 1. Motor vehicle statutes
  - 2. Civil and criminal statutes
  - 3. Insurance coverage

VII. *Community Education and Resources*
- A. Drug Information and Referral Centers
- B. Education
  - 1. Public Schools
  - 2. Professional Schools
- C. Resource and Referral Systems

VIII. *Treatment Modalities*
- A. Intake Procedures
- B. Detoxication
- C. Aftercare
  - 1. Mental health centers
  - 2. Halfway houses

D. Intervention Techniques
   1. Groups
   2. Individuals
   3. Communities
E. Research

IX. *Professional Attitudes and Behaviors*
   A. Responsibilities of Professional Personnel
   B. Establishing a Helping Relationship
   C. Code of Ethics for Social Workers

X. *Drug Dealing*
   A. Advertising - The "Good Drugs"
   B. Other Media Influences
   C. Peddling and Pushing the "Bad Drugs"

XI. *Course Summary and Conclusion*

RUTGERS UNIVERSITY
LIVINGSTON COLLEGE
DEPARTMENT OF PSYCHOLOGY

INTRODUCTION TO ALCOHOL PROGRAMS
COURSE NUMBER 367 - 4 CREDIT HOURS

JAY N. CROSS

Objectives:
1. To enable students to work through their own attitudes about drinking and drinkers.
2. To provide a basis for understanding the problem of alcoholism in society.
3. To provide factual information about the effects of alcohol in the body.
4. To provide a perspective on the problems related to alcohol use in society.
5. To identify different patterns and customs related to alcohol use.
6. To sensitize students to the problems and needs of special groups.
7. To provide information concerning the methods of community assessment.
8. To provide basic information in alcoholism program development.
9. To promote understanding of the interrelationships between agencies providing services for alcoholics.

Topic / *References*	*Teaching Method*
Ways of Thinking About Alcohol Use and Alcohol Problems. Pittman & Snyder, Chapter 6. Cross, pp. 32-33	Lecture-discussion
Socio-cultural Aspects of Alcohol Use. Functions of Drinking. Pittman & Snyder, Chapters 1 and 5. Cross, pp. 15-21	Small-group discussion
Drinking Controls. Pittman & Snyder, Ch. 31. McCarthy, Ed., *Drinking and Intoxication*, pp. 369-382. Cross, pp. 28-32	Lecture-discussion
Drinking Patterns. Cross, pp. 38-41 Cahalan, Cisin, Crossley, *American Drinking Practices.*	Lecture-discussion
Types of Community Alcohol Problems Cross, pp. 27-38, 45-47.	
Juvenile Drinking Bacon & Jones, *Teen-Age Drinking*, pp. 1-62 Maddox & McCall, *Drinking Among Teen-Agers.*	Film-discussion

Drinking-Driving	Lecture-discussion
Quarterly Journal of Studies on Alcohol, Supplement 4.	
Law and Alcohol Use.	Lecture-discussion
Cahn, Chapter 3 or	
Pittman & Gordon, *Revolving Door.*	
McCarthy, Alcohol Education in Classroom and Community, pp. 167-172	
Alcoholism.	Lecture-discussion
Cahn, Chapter 1	
Other.	Lecture-discussion
Unpublished Material by CAS Staff.	
Nature and Extent of Alcoholism, Definitions.	Lecture-discussion
Cross, pp. 47-57	Small-group discussion
Pittman & Snyder, Chapter 17.	Quiz
Cahn, Chapter 2	
The Disease Concept of Alcoholism.	Lecture-discussion
Jellinek, *The Disease Concept of Alcoholism.*	
Pittman & Snyder, Chapter 34.	
Etiology of Alcoholism.	Lecture-discussion
Cross, pp. 57-61	
Tahka, V., *The Alcoholic Personality*, pp. 1-45	
Gordon, "The Epidemiology of Alcoholism" *The New England Journal of Med.*	
Loss of Control and Addiction.	Lecture-discussion
Pittman & Snyder, Chapter 20.	
Effects of Alcohol on the Human Body.	Lecture-discussion
Cross, pp. 21-28.	
	MID-TERM
Alcoholism as a Community Problem.	Discussion-group exercise
Cross, pp. 45-47 (Review)	
National Commission on Community Health Services,	
Health is a Community Affair, pp. 1-16.	
Mattism, "Development and Acceptance of New	
Community Health Programs."	
Concepts of Community.	Lecture-discussion
Relationship to Alcohol Problems.	
Assessment of Community Alcohol Problems: Concepts and	Class Reports
Techniques Lecture,	
Cross, pp. 86-88.	
Development of Alcohol Program Goals and Priorities.	Lecture-group exercise
Cross, pp. 81-84	
Cohen, Chapters 11 and 12.	
Elements of Comprehensive Alcoholism Programs.	Lecture
Cross, pp. 99-107	
Cahn, Chapters 5,6,7,8,9, and 10.	
Community Resources for Alcohol Programs.	Lecture-discussion (2)
Cross, pp. 84-86, 88-89	
Am. Public Health Ass'n, *A Guide to Medical Care Administration.*	
Volume 1. Concepts and Principles.	
National Commission on Community Health Services,	
Health Care Facilities, pp. 21-39.	
Ferguson, "Selected Community Sources of Help and Approaches	
to Alcoholism."	
Pittman & Snyder, Chapter 33.	Paper Due
Assessment of Program Effectiveness.	Lecture-discussion (2)
"Fundamentals and Perspectives in Alcoholism Program Evaluation,"	
American Journal of Public Health.	
	FINAL EXAM

OFFERING THE WINE 'N' DINE PROGRAM

Administrators at the University of Northern Iowa, conscious of their responsibility to offer students social skills and information on responsible drinking, have initiated a "Wine 'n' Dine" program on their campus. Each week, a group of students dine with faculty members over six gourmet courses accompanied by wine.

This unique approach to including wine on campus may fit the needs of your institution, club, or extra-curricular organization.

Here's how they put it together at the University of Northern Iowa:

UNI residence halls director Russ Davis, an epicure and wine lover with some extraordinary cooking skills, was troubled by the dining and drinking habits of some students. The level of gastronomic attainment at the dorm cafeterias and at the drinking and eating places adjacent to campus left Davis quite unsatisfied.

"I could see that tight schedules and limited opportunities were forcing students into some drinking and eating habits that they themselves didn't really like," Davis recalls.

So he took up his concerns with campus administrators. "Colleges are teaching everything from canoeing to quantum mechanics, but at no point do we offer students an opportunity to develop responsible, adult skills in dining and the use of alcohol beverages," he explained. Davis' proposals fell on the friendly ears of some administrators who shared his interest in wine and food, and the "Wine 'n' Dine" program was launched.

Davis began inviting 34 students from a sign-up waiting list and four to six special guests from the University each week to a candle-lit six-course meal accompanied by wine in a private dining room of a UNI cafeteria. The program was so successful that it prompted the complete remodeling of the two rooms used for the dinners and other special events.

The six epicurian menus for students and their guests includes entrees such as crab and shrimp stuffed flounder, Szekely Gulyas, and breast of chicken on ham with champignon sauce. The soup course may be a consomme' or tomato bisque, with desserts ranging from Black Forest torte to cherries flambé.

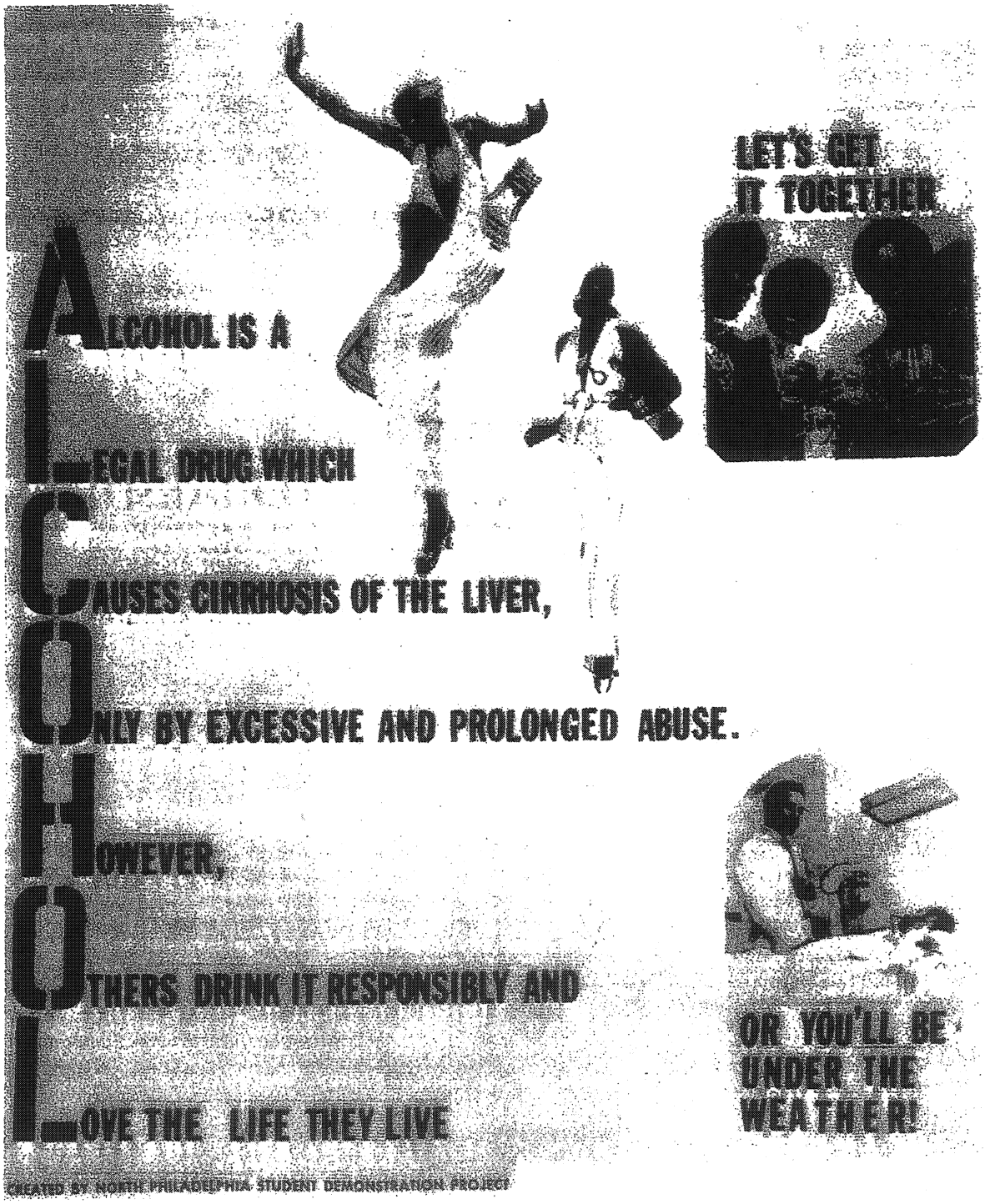
"If we are going to teach students something about responsible drinking," Davis said, "then I think the best way is to introduce them to good wine with good food. Wine is the traditional beverage of moderation, and of course it's most enjoyable and appropriate with food."

Reaction to the program has been almost entirely favorable. Davis said he received very few letters of complaint. "Most of those were from people who really didn't understand the program. After I answer each letter personally, everything seems to be all right."

Davis said student response was best summed up by a Cedar Falls junior who told him, "It's perfect for our age group. We'll be running into similar situations more often as we get into careers. A lot of us were brought up in rural areas. How else are we going to learn this stuff?"

To help students prepare for the "Wine 'n' Dine" sessions, and for a lifetime of gastronomic enjoyment, participants were offered printed guidelines on restaurant etiquette, wine selection and service and the responsible use of wine. Davis suggests that similar programs can be initiated on other campuses. All it takes is an instructor or organizer interested in wine and food, willing administrators, and a receptive food service department or caterer. Special student fees can cover the costs, which can be low if meals are prepared in campus cafeterias.

APPENDIX B
EXAMPLES OF MEDIA MATERIALS: POSTER, PAMPHLETS, FILMS


ALCOHOL IS A
ILLEGAL DRUG WHICH
CAUSES CIRRHOSIS OF THE LIVER,
ONLY BY EXCESSIVE AND PROLONGED ABUSE.
HOWEVER,
OTHERS DRINK IT RESPONSIBLY AND
LOVE THE LIFE THEY LIVE
LET'S GET IT TOGETHER.
OR YOU'LL BE UNDER THE WEATHER!
CREATED BY NORTH PHILADELPHIA STUDENT DEMONSTRATION PROJECT

We are not so concerned right now about whether you are an alcoholic or not, although it has been shown that the drinking behavior you observe and practice in the next few years will determine that. Rather, we are interested in having you live fully NOW! Responsible drinking may be an adjunct to your life as a new student - irresponsible drinking may cause you to miss classes, exams, interfere with important relationships, it might even cost you your life in an accident.

The image is changing. It used to be that you were as rough and tough and "popular" as you could drink. Now respect is gained by being respectful of yourself and others - Join the new crowd of responsible drinkers!

Alcohol Abuse is the number one drug problem in the nation; in this regard or other health and/or personal matters, please feel free to contact me, Michael A. Toomey

Health Educator
Mental Health Team

If You Choose To Drink,

Drink Responsibly

TO DRINK

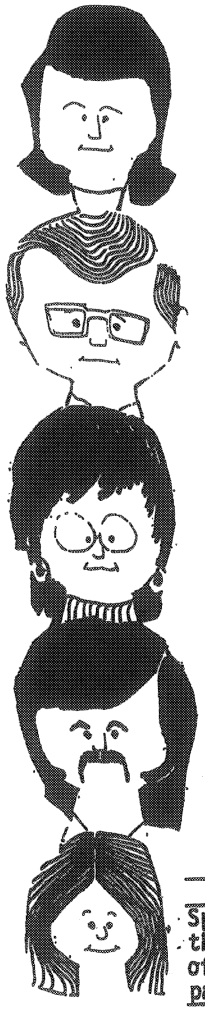
OR

NOT TO DRINK

IS NOT

THE QUESTION

CALIFORNIA POLYTECHNIC STATE UNIVERSITY



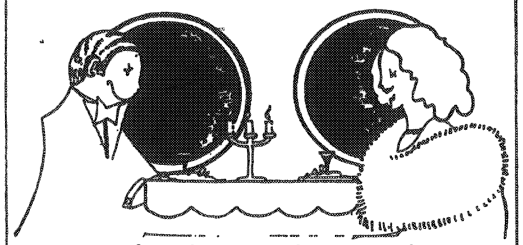
I drink, 90% of the students of this campus drink, most of the administrators faculty and staff drink; to drink or not to drink is NOT the question.

BUT one of the important decisions you will make as a freshman is how, when, where, why you drink should you have already made the decision to drink. We feel that you will benefit more from the positive experiences of responsible drinking.

Here are some guidelines and information for you to consider...

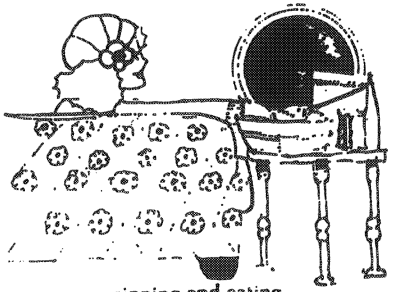
Special aknowledgement to the Jaycees and PTA for use of their material in this pamphlet.

Social drinking is:



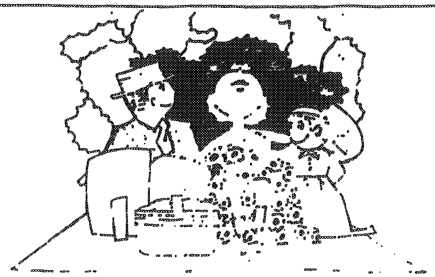
a glass of wine to enhance a meal

a drink or two while you're having fun

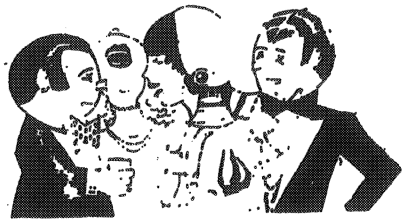


sipping and eating

1



using alcohol as a beverage



drinking and talking with friends

never having to say you're sorry for what you did while drinking

knowing when to say when

2

UNIVERSITY OF TEXAS

T IS RESPONSIBLE DRINKING?

esponsible drinking is the use of alcohol in which harm neither the individual nor society.

DELINES FOR RESPONSIBLE DRINKING

. Make sure that the use of alcohol improves social relationships, rather than impairing or destroying them.

2. Make sure the use of alcohol is an adjunct to an activity rather than being the primary focus of action.

3. Make sure alcohol is used carefully in connection with other drugs.

4. Make sure human dignity is served by the use of alcohol.

There are some actions one can take to encourage responsible drinking by others. For example:

1. Respect the person who chooses to take alcohol in moderation or who abstains; do not be insistent about "refreshing" or refilling, and keep down the amount of alcohol he drinks.

2. Provide food with alcohol at all times, especially proteins such as dairy products, fish, and meats.

3. Provide transportation or overnight accommodations for those unable to drive safely, recognizing that the host is just as responsible for preventing drunken driving as his guests.

Responsible drinking results from a combination of many factors, none of which is essential or sufficient by itself and all of which vary in importance from one individual to another. But whatever the particular combination of influences — from self, family, associates or society — responsible drinking is the use of alcohol in ways which harm neither the individual nor society. Responsible drinking practices can prevent alcoholism in many people even if the reasons for drinking differ from person to person. For others, standards of

common usage can serve to identify alcohol problems early.

The responsible use of alcohol is not the answer to all alcohol problems, nor is it meant to be so. Much of the causation of alcoholism remains unknown. There will always be persons who are unable, for various reasons, to sustain safe drinking practices regardless of how intense social and other pressures may be upon them. In such cases, abstinence is necessary in order for these individuals to protect their health and well-being. Nevertheless, the approach through responsible drinking practices is intended to aid the majority of people, both those who drink alcohol and those who choose not to drink, by reducing the incidence of problem drinking in the population as a whole.

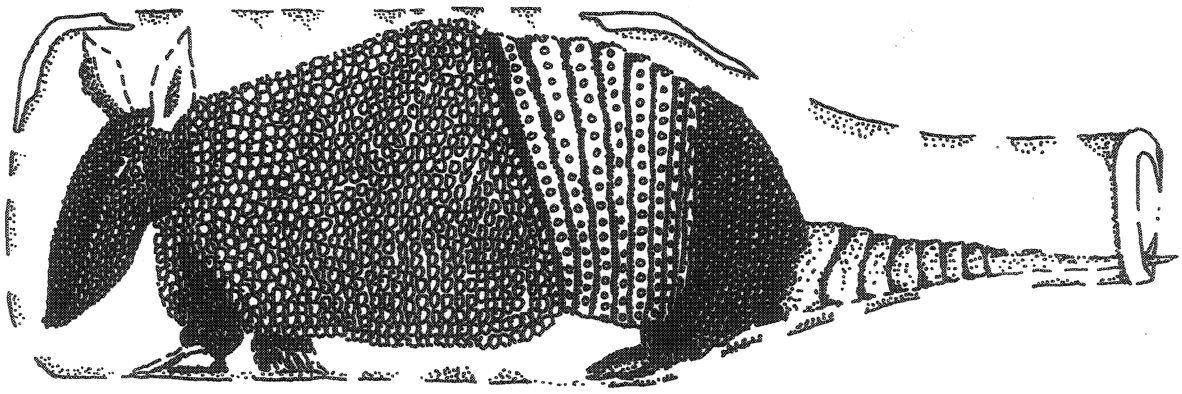
WHAT IS IRRESPONSIBLE DRINKING?

There are clear indications of irresponsible drinking. Within this category there is a distinction between those who drink irresponsibly at times and those who have a drinking problem, but both are social problems. The first are a danger to themselves and others when drinking; the latter are in serious trouble a good part of the time.

Any one or more of the following signs may indicate a drinking problem:

1. Gulping drinks for the effect that rapid drinking produces.
2. Starting the day with a drink.
3. Drinking alone, from a desire to escape reality or boredom or loneliness.
4. Alcohol-taking behavior criticized by an employer, spouse, or others, and absenteeism or impaired job performance because of drinking.
5. Rationalizing in regard to drinking behavior, characterized by such comments as "I just need one more to relax," or "How about one for the road?"
6. Marked personality or behavioral change after taking one or more drinks.
7. Frequent overdosing with alcohol, or drunkenness.
8. Experiencing "blackouts" – alcohol-induced amnesia.
9. Drinking to relieve hangovers and, thereby, perpetuating a vicious cycle: the more one drinks, the worse one feels, and the more one drinks.
10. Requiring medical or hospital attention or having frequent minor accidents or physical complaints, as a result of alcohol taking.

This material has been adapted from the SECOND SPECIAL REPORT TO THE U.S. CONGRESS ON ALCOHOL AND HEALTH, (U.S. Department of Health, Education, and Welfare), 1974, by the Texas Commission on Alcoholism.



ABOUT DRUGS

prepared by the drug education project·the university of michigan

AGAIN

about drugs again

(THIS SECTION IS EXCERPTED FROM A BOOKLET, ABOUT DRUGS AGAIN, 1975, UNIVERSITY OF MICHIGAN, 409 EAST JEFFERSON, ANN ARBOR, MICHIGAN, 48109. IT WAS WRITTEN BY STAFF OF THE DRUG EDUCATION PROJECT, COUNSELING SERVICES, OFFICE OF STUDENT SERVICES, WITH ASSISTANCE OF THE U.S. OFFICE OF EDUCATION, FEDERAL GRANT OEG-0-71-1304, UNDER THE DRUG ABUSE PREVENTION ACT OF 1970. IT DOES NOT NECESSARILY REFLECT THE VIEWS OF THE OFFICE OF EDUCATION.)

This booklet of drug information was prepared as an alternative to books, pamphlets, and materials which seek to persuade their readers to a particular point of view about drug use. There is, of course, a question as to whether anyone (including the writers of this booklet) can be free of a prejudiced view in the area of drug use. While this society has perhaps gone beyond the climate of the late 1960s when marijuana use was the badge of an emerging counterculture, drug use today remains an important and emotionally charged social issue. The controversy extends even to the scientific literature, so that one can find factual support for almost any point of view about drugs. We have tried to give a balanced and accurate description of drugs and their effects, allowing that drug use has certain appeals (which clearly it does, for why else would so many people use drugs) and, at the same time, clarifying and evaluating the associated risks. We have made an attempt to avoid the propagandistic tone of the anti-drug literature without, hopefully, taking on a pro-drug bias. Our interest is in providing a helpful reference for anyone who for any reason wishes to know more about drugs. We acknowledge, but do not advocate, the use of drugs. Each person must in the final analysis make his or her own decision about what drugs it is appropriate to use and under what circumstances.

Marjorie Schuman
Tom Greenfield
Pat Clayton
Jane Hassinger
Jeff Gumbiner
Drug Education Project

some general information

In the absence of reliable information about drugs, the risks involved in using them are greatly increased. Excessive dosage, mixing of drugs, ignorance of the dangers, and confused expectations, all contribute to the tragedies we read about, often attributed too simply to drug use per se. However, in giving basic drug information, generalizations are not always easily made. Especially with street drugs, generalizations must always be qualified with the reminder that the actual contents of the drugs are unknown and variable.

People vary a great deal both physically and psychologically in ways which affect their responses to drugs. These differences are by no means trivial. For example, a drug which has stimulant effects for most people may put others to sleep. Set and setting—the circumstances under which a person takes a drug, why he takes it, what he expects from it—also have important influences on the outcome of the experience.

Aside from individual differences in sensitivity to drug effects, dose is another critical variable in determining a person's response to a drug. At the extremes, too little of any drug will have no effect, while too much may be disastrous. The effects of a given dose of a drug will often be modified if other drugs are simultaneously used. Mixing drugs, or taking drugs when one is drinking without regard to the potent effects of the drug alcohol, often leads to unpredicted effects, sometimes dangerous ones. A special note should also be made of the fact that the use of any drugs during pregnancy, particularly without the advice of a physician, is ill advised since it is impossible to assess the effects on the unborn child.

Repeated use of a drug adds another dimension of complexity. With repeated use of many types of drugs, a person may come to require a higher dose to achieve the same effect; this phenomenon is known as *tolerance*. For some types of drugs, tolerance is closely related to the development of *physical dependence*, which occurs when the body becomes accustomed to the presence of drugs in the system. A person who is physically dependent upon a drug becomes quite sick if the drug is withdrawn *(withdrawal or abstinence syndrome)*. *Psychological dependence*, which often develops at the same time, is quite real in its own right and independent of physical dependence. Psychological dependence can, and does, occur with just about every type of drug, in some individuals—caffeine, marijuana, aspirin, or heroin.

The information which follows is arranged according to different classes of drugs. The final section, America, The Drug Culture, gives an overview of some broader issues. A summary of drug information in chart form as well as information about drug laws, community resources, and a bibliography for further reading are included as appendixes.

contents

about drugs again ____ 3
some general information ____ 4

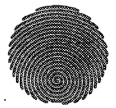
cannabis ____ 5

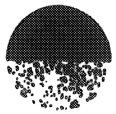
alcohol ____ 8

downers ____ 10

stimulants ____ 14

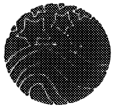
narcotics ____ 18


hallucinogens ____ 20


adulterants ____ 26

solvents ____ 28

laughing gas ____ 29


america, the drug culture ____ 30

references ____ 36

summary of drug information ____ 38

some books, services, and other helpful resources ____ 40

for further reading ____ 43

the drug laws ____ 44

acknowledgements ____ 46

Revised August 1973, © The UM, 1973.

Illustrations on covers and page 17 © Charles Spray, M.D., 1970, reprinted with permission.

alcohol

In the history of man's use of alcohol, nearly every fruit juice, honey, sap, and grain has been fermented to obtain ethyl alcohols (and sometimes undesired by-products). As with many drugs, alcohol was first considered to be a newly discovered "cure-all." Presently it is used medically only as an antiseptic or, if there are no other drugs available, as a mild analgesic or sedative. By far its greatest use is as a social drug. Booze is one of our oldest forms of pharmacological entertainment.

As mentioned in a later section, alcohol is pharmacologically classified as a sedative-hypnotic, having many properties in common with short-acting barbiturates. Although it is a central nervous system depressant, in low doses alcohol may have a pseudo-stimulant effect, resulting from the hyperactivity of various primitive parts of the brain being freed suddenly from the inhibitory control of the cortex. This disinhibition may result in an intensification of the person's present mood, or expose underlying impulses—a little sadness may become a depression, suppressed anger may be expressed as aggression.

The response to alcohol is also dependent on expectations, acting as a "pseudo-stimulant" when ingested at a party or inducing sleep if taken before retiring to bed. With increased consumption, greater depression occurs with drowsiness, drunkenness, sleep, and eventually coma (and possibly death). It is seldom realized that the lethal dose of alcohol is not much higher than an amount which causes you to pass out and lose consciousness. Also, a prolonged comatose sleep itself can be dangerous because of the increased susceptibility to infections while in this state.

Alcohol also causes dilation of surface blood vessels, resulting in a flush and warm glow. But beware of drinking to keep warm, e.g., if stranded in a snowstorm—the subjective warmth is coincident with heat leaving your body. Alcohol also increases stomach acid secretion, and when ingested in concentrated form (straight shots) causes gastric irritation, possibly with prolonged discomfort. Long-term, continuous use is associated with cirrhosis of the liver, low resistance to infectious disease, and a variety of neurological and mental syndromes.

Psychological dependence on alcohol occurs in varying degrees; a minor dependence can develop rapidly and easily and is very common in the U.S., manifesting itself in the drink before dinner, liquor at parties, and socializing in bars. Greater degrees of psychological dependence are defined by the desire to drink beyond the culturally accepted limits. Physical dependence requires fairly continuous consumption over a period of time, but once developed, the withdrawal from alcohol is as severe as the withdrawal from barbiturates and should not be undertaken without medical supervision. Present estimates indicate there are at least ten million American alcoholics.

Physiological tolerance to alcohol develops with physical dependence; however, non-dependent drinkers may exhibit a behavioral tolerance. After sufficient experiences under the influence of alcohol, one may learn to adjust his behavior and compensate for some of the debilitating influences of the drug. This is not to say that practice makes perfect—alcohol has been found to be a significant factor in more than half of all American traffic fatalities. Know your own limits.

Although alcohol is a social drug and often considered separately from prescribed medications, one should realize that alcohol is basically a sedative-hypnotic and combined with prescription downers (tranquilizers and sleeping pills), causes unpredictable and possibly very dangerous depressive effects.

ABOUT DRUGS AGAIN

UPDATE

The information in this center insert reflects the latest findings and understandings about drugs as of press time for the third edition. The material presented here supplements and updates the text in the respective sections of the booklet.

third edition

alcohol

Many studies have pointed to increasing use of alcohol by young people in recent years. At The University of Michigan in 1974 a Drug Education Project survey indicated that 69% of first-year students drink. In 1973 a national study found that the highest scores on a test measuring problem drinking were those of persons in the 18- to 20-year-old group. And it is not just those who are down and out who have problems; those with the most education and the highest job status are also the people most prone to difficulties with alcohol.

Since the majority of people today do drink alcohol, it is important to have an understanding of certain signs which can indicate that a person may be headed for problems with this bamboozling liquid. It is much easier to change drinking patterns sooner than later, and problems are compounded by waiting until the situation has become serious.

Warning signs that often indicate problem drinking are the need to drink before facing certain situations, frequent drinking sprees, a steady increase in intake, solitary drinking, early morning drinking, and the occurrence of "blackouts" or periods during the time one has been drinking that cannot later be remembered. An excellent and useful booklet on the subject, *Facts About Alcohol and Alcoholism*, is available from the Superintendent of Documents, U. S. Government Printing Office, Washington, D.C. 20402 for $.70 (stock number 1724-00351).

For answers to specific questions about alcohol abuse and alcoholism and for lists of treatment facilities write to the National Clearinghouse for Alcohol Information, Box 2345, Rockville, Maryland, 20852.

downers

One point which needs to be clarified about downers is that it is not only in a hospital that a major tranquilizer such as Thorazine® or Stelazine® may be prescribed. As a general rule, a person should talk to the doctor about whatever she or he prescribes and be sure that any possible side effects are made clear. If the responses to questions are not satisfactory, a second opinion or the advice of a reliable community agency or independent resource such as those listed in Appendix B should be sought.

It is now known that tolerance to the sedative effects of the major tranquilizers *does* occur (see Appendix A).

One further finding is that the so-called minor tranquilizer meprobamate (Miltown®, Equanil®) is more dangerous than other minor tranquilizers when mixed with alcohol.

FILMS

Many films about alcohol and alcoholism are available from a variety of sources. Some are good and some are not so good. Those listed here have been recommended either through a survey of films made by Alex Sareyan and Pamela Wilson of the National Health Materials Center in New York City or by members of the *Catalog* editorial board. If you know of a film that you would like to see added to this listing, please let us know and it will be included in *What's New?*

1. "The Drinking American" – This hour-long documentary provides a look at the many different types of American drinking experiences. Scenes are shot at a party in the "Bible Belt," in a black bar in Harlem, in a singles bar, in an all-male bar in San Francisco, in an avantgarde "intellectuals" bar. Throughout the film, pleas are made for responsible drinking. Available from NET Field Services, Indiana University, Audio-Visual Center, Bloomington, Ind. 47401.
2. "Alcohol and You" – This film examines the reasons why 80 million Americans drink and what makes 1 out of every 15 American drinkers alcoholic. Much of the information is presented humorously. Available from BEA Educational Media, 2211 Michigan Ave., Santa Monica, Calif. 90404.
3. "A New Look at the Old Sauce" – This animated filmstrip depicts the history of alcohol usage and explains how drinking affects behavior. One part is concerned with the effects of drinking on driving; another deals with individual differences in drinking habits; there is also a discussion of alcohol as a disease and the myths surrounding it. Ethyl – Agent C_2H_5OH – is the allegorical female who represents the potential dangers of alcohol. Available from the Texas Commission on Alcoholism, 809 Sam Houston State Office Building, Austin, Tex. 78701.
4. "To Your Health" – An informational film on the nature of alcohol and the alcoholic, this film underscores the medically accepted view that the compuslive drinker suffers from a disease, one which he cannot control alone. Animated images help to explain the action of alcohol in the human body. Available from Center for Mass Communications, Columbia University Press, 562 West 113th St., New York, N.Y. 10025.
5. "Problem Drinking: A Call to Action" – The film reveals a typical day in one community's fight against alcoholism. The program in Reading, Pa., combats alcoholism through education and rehabilitation and is directed at all segments of the community: youth, adults, professionals, police, courts, and industry. Available from Association Instructional Materials, 866 Third Ave., New York, N.Y. 10022.
6. "US" – This film paints a background of the frenetic, ugly environment in which most of us have chosen to pass our lives, while the voices of the air waves drone their daily fare of violence, war and inhumanity. In the midst of this the audience is faced with women who deplore drug use by their children, yet discuss the "pick me up" they get from their amphetamines; husbands worried about their wives' overuse of pills as they themselves are partaking of an abundance of alcohol. The irony of the way we all choose to pollute our lives is very vivid and real. Available from Churchill Films, 662 N. Robertson Blvd., Los Angeles, Calif. 90069.
7. "Alcohol, Drugs and Alternatives" – a unique film aimed at youth and teenage audiences that is definitely not the old scare tactics. The film uses a high school class's comments; statements of former drug or alcohol abusers; and the talent of Tommy Smothers to discuss bad feelings about yourself, how you got them, the fact others have the same feelings, and how alcohol or drugs are used to cope with these feelings. Alternatives to drugs to make you feel good about yourself are then discussed and practical suggestions for finding your own alternatives are made. Available from Sandler Institutional Films, 1001 N. Poinsetta Place, Hollywood, Calif., 90046.
8. "American on the Rocks" – The middle class is the target of this documentary on alcoholism and the point is effectively made. Narrator Robert Mitchum explains that alcohol is such a problem in this country partly because, as a society, we have no general ground rules on drinking. Segments of subcultures, such as Orthodox Jews, make the point that where the role of alcohol is clearly defined, with definite occasion for drinking and not drinking, alcoholism is rare. Available from National Audio-Visual Center, General Services Administration, Washington, D.C. 20409.
9. "A Snort History" – The subject of drinking and

driving is treated in an interesting, soft sell manner, utilizing both cartoon and live action. The film stresses the point that driving an automobile is a series of risk-taking decisions; it then illustrates, by means of animation, how the ability to judge the reality of these risks is affected by alcohol. The film's application is not limited to drinking-driving situations. The risk-taking aspect could be a basic element in any alcohol education program, eliminating the need to separate drinking-driving from other alcohol education concepts. Available from Denver Alcohol Safety Action Project, 1845 Sherman St., Denver, Colo. 80203.

TRIGGER FILMS

These short (usually about a minute) films depict an open-ended situation with alcohol. Since there is no resolution of the case, people can put themselves in the situation and begin to understand the conflicts and mixed emotions surrounding alcohol use. These are excellent to use in small groups to "trigger" thoughts and discussion.

Trigger Films for Health (Series AE)

University of Michigan Television Center, 400 S. Fourth St., Ann Arbor, Mich. 48103, 313/763-1134.

JANEY	She's lonely, and all the others are drinking and having fun.
SIX CANS, COUNT'EM	None of the others can drink that much, can they?
THE TOAST	Why not join in drinking on a festive occasion?
THE GAME	A kid can join his older friends for basketball, but not for a beer.
THE BUDDIES	He finds some wine and dares his friend to drink.
MAIN STREET	There's not much to do except kick a can until you're old enough to drink.

D.C. Pelz, Survey Research Center, University of Michigan, Ann Arbor, Mich. 48104, 313/764-8397.

PARTY	He tells his date he's sober enough to drive.
THE KEY	Car-key gets drunk at a key party and is bawled out.
THE BLONDE	Humiliated in a bar, he speeds into the night.

Trigger Films for Health (Drugs)

University of Michigan Television Center, 400 S. Fourth Street, Ann Arbor Mich. 48103, 313/763-1134.

LINDA	A mother-daughter conflict over playing the radio too loudly; subtle, yet recognizable signs point to drug use.
THE DOOR	Theme of peer pressure is presented during party-within-a-party; some guests are invited into another room, some are excluded.
THE WINDOW	Loneliness, boredom, depression of a boy alone in his room; he gazes out of his window, hastily grabs some money and rushes off.

Addiction Research Foundation, 33 Russell St., Toronto, Canada M5S 2S1, 416/595-6000, U.S. distributor: Association-Sterling Films, 512 Burlington Ave., LaGrange, Ill. 60525, 312/352-3371.

EVERYONE A WINNER	Family conflict leads to dependency on drink and mother.
CHEERS!	Adult misperceptions about youths' drinking.
AFTER HOURS	A helping agency can be strangled by rules.
PRIME OF LIFE	Coping with job frustrations.
SCHOOL DAYS	A teacher is quick to hassle students.
PARTY SCENE	The boss expects wives to be part of the group.
BUILDING BRIDGES	A daughter wants to be wanted.
BEFORE AND AFTER	Conversation doesn't seem to go without a drink.
LOSING TOUCH	How to increase the generation gap.
COVER JOE	Everyone protects a drinker.
I'M OK—IT'S YOU	Job frustration leads to wife abuse.

S.A. Stewart, Oakland County Health Department, 27725 Greenfield Rd., Southfield, Mich. 48076, 313/557-1400.

BOB!	Everyone's bugging him, and the tavern is an escape.

APPENDIX C
ALCOHOL FACTS/IDEAS

NATIONAL UNIVERSITY SEMINAR STUDENT PANEL

(A National University Seminar, co-sponsored by the National Institute on Alcohol Abuse and Alcoholism and the University of Notre Dame Student Government, was held on the Notre Dame campus in November 1975. A student panel discussion was one of the highlights of the seminar; below are some of the students' more enlightening and stimulating comments.)

"Freshmen do look up to seniors . . . there is a double standard, seniors say 'boy, I didn't do that when I was a freshman did I?'. and yet they don't realize that they could very well be setting the standards that freshmen are following."

– Ed Byrne
Notre Dame Student Body
President

"Students tend to feel insulated when they are in colleges, they tend to feel insulated from the expectations of the outside world. This means then that what is relevant or considered appropriate or inappropriate in the outside world may not necessarily apply to the college world . . . drinking norms and values are derived through the interaction with your peers and that's how you drink while you are in college."

– Kit Christensen
Moorhead State University

"We are all familiar with prohibition. If you take a look at history you can see how it really did change the way that Americans were using alcohol. It took drinking out of the home and out of the community taverns (which were centers of the community life), and put it into the cocktail lounges and turned it into a forbidden evil – something to keep away from young people."

– Susan Maloney
The Johns Hopkins University

"If you look at American society two things are told to young adults: one is that you can't drink until you are 18 or 21, and then the next thing you hear is that you can drink because you are 18 or 21. In between no one tells you how, or why, or where, or with whom. There is no institution in our society that has taken it upon itself to introduce young people to alcohol. Most families do not do it. Students are forced to drink behind closed doors or to sneak it out, or parents must lock up their liquor cabinets and things like that. All this does is form a real mystique about drinking."

– Diana Merten
University of Notre Dame

"Another negative role model group that most people don't usually think of is the faculty or administration. There are problems with alcohol abuse among the faculty. These are people that students are supposed to be looking up to and identifying with, and when you see articles in the paper about staff getting charged with DWI, or assault and battery, or being in a bar and creating a disturbance or something, what do you have to look forward to?"

– Lavonne Chenault
Haskell Indian Junior College

"I think that facts can create an awareness about alcohol, and what's going to happen when you do drink alcohol. For example the fact that alcohol is a drug; the ways that alcohol affects your body; the kinds of things that can influence the rapidity with which alcohol is absorbed into your system – what you mix your drink with, your body weight, how fast you drink. These are facts that *can* help people make their decisions about drinking, or, in drinking situations can temper their drinking so that they're not going to experience some of the unpleasant side effects that we have probably all found with alcohol at one time or another."

– Susan Maloney
The Johns Hopkins University

"You go to a college party and it's very rare that you will find food. So what I started doing is bringing my own food. Or if someone is having a party that I hear about, I'll suggest that maybe I could bring some food or that they might want to include that in their thing. I've noticed that a lot of my friends now, after I've talked to them, have begun to demand things of their hosts and hostesses, and of themselves. They will go up to someone that's throwing a party and say: 'I think it was very impolite not to serve a

non-alcoholic beverage for those of us who prefer not to drink.' . . . I think that you can throw something like a BYOF – bring your own food, or have TGIF parties – thank God it's food, or things like that. Someone threw a party in my room and there were about 50 people and we went through about three quarters of a case of vodka, but we *also* went through 30 pounds of ham, 12 loaves of bread, 10 pounds of cheese and tons of crackers; and it just happened that people that were coming back from other parties would stop in and eat, and pretty soon the party had expanded to about 80 and the last 30 or 40 people did not drink at all, they just came to eat."

– Diana Merten
University of Notre Dame

"College especially is a time you start questioning what you've believed all along, and you make decisions that will probably affect you the rest of your life. Your peers do influence you in these decisions. The question really isn't whether or not to drink anymore because by the time you reach college you've already decided whether or not you're going to drink. You have to decide how much you are going to drink, when you are going to drink, and how you are going to drink, and your peer group really does influence these decisions."

– Georgia Stromer
Indiana University

"We don't have to just talk about encouraging the responsible use of alcohol, we can also talk about personal development that is going to give people other things to do besides go out drinking. You can help enhance peoples' self-concept, or get into the alternatives area and offer activities on campus that don't encourage drinking. I think there's an unbelievable amount of activities you can get into."

– Susan Maloney
The Johns Hopkins University

"I think we can afford to be offended by obnoxious and damaging drug behavior. There is nobody that won't support you in these situations. And there's also no reason why, if you see somebody that you can tell is just blown away, you can't speak to him and say, 'Well, let me take you home.' These are just actions you can do yourself that can really do a lot in terms of raising other people's awareness. And you're not preaching, you're just doing it yourself and no one is going to get down on you for that."

– Ed Byrne
University of Notre Dame

"On our campus the approach that we are trying to use is to go in and through group discussions and a variety of other means, help students understand their student frame of reference, what influences are brought to bear on them, what norms they live under, and things like that. We are going to try to have students locate themselves within that particular frame of reference, see how they fit into it, and help them realize that they do have options. There might be social forces, but students can be made conscious of the fact that they are just social forces, they aren't some sort of absolute mandates, and that they do have options, people do have alternatives."

– Kit Christensen
Moorhead State University

"One thing that we did on our campus was to relate a poster to our students, the language that they use, and some of the habits that they have. We took a poster and it says 'Drinking does not make you' – and it has a picture of some Indian dancers dancing, some guys sitting around a drum drumming and then it has some Indians in their tribal outfits, and at the end it has a guy and these two chicks. And the poster says 'drinking does not make you dance better, more traditional, or snag easier'. On our campus the word snag means pick up or whatever, and the Indian students there really related to the poster."

– Lavonne Chenault
Haskell Indian College

"We should deal with college people. Mistakes have been made, you can't change what has been, but you can change what will be. College students will be leaders, they will be parents, and I think if you look at college, things you've learned in class and the papers you write and the tests you take – you forget. But the things that you do when you live everyday you don't forget because they become part of you. I think that this whole idea of responsible drinking, and patterns for making responsible decisions on any level, are things you should live. Any kind of program that you'd want to start should be something that students don't learn but that they live. I think that something like this will continue on and hopefully some day all the people that graduate from college will go on to be parents that do positive things towards teaching their children how to make responsible decisions and how to use alcohol."

– Diana Merten
University of Notre Dame

ALCOHOL-DRUG INTERACTIONS

Drugs Involved with Alcohol	Possible Effects & Clinical Significance
Analgesics	
Narcotics (morphine, codeine, meperidine, methadone, etc.)	Acute ingestion – increased CNS depression and possible respiratory arrest. Well documented. Chronic ingestion – tolerance develops to depressant effects but not to effects on respiratory system.
Non-narcotic analgesics (salicylates and other related compounds)	Increased likelihood of GI irritation with possibility of increased blood loss from GI tract.
Anesthetics	
General anesthetics (thiamylal sodium, methohexital sodium, etc.)	Additive CNS depressant effects in acute stage of intoxication.
Antialcohol Preparations	
Disulfiram Calcium carbamide	Well documented "Antabuse Reaction" resulting in nausea, vomiting, headache, increased blood pressure and possible severe cardiac arrhythmias. Can result in death.
Antianginal Preparations	
Nitrates, nitrites & other coronary vasodilators and peripheral vasodilators	Can produce an increased peripheral vasodilitation and possible excessive lowering in blood pressure resulting in fainting, dizziness or lightheadedness.
Antidiabetic Agents	
Insulin, oral sulfonylureas (tolbutamide, tolazamide, acetohexamide, chlorpropamide), phenformin	Alcohol can result in an indirect increase in the effects of insulin – may induce severe hypoglycemia. Alcohol inhibits gluconeogenesis and induces a hypoglycemia when this mechanism is needed to maintain normal glucose levels (i.e., inadequate carbohydrate reserves). It also inhibits the usual rebound of glucose after hypoglycemia. With the oral sulfonylureas, alcohol may stimulate their metabolism resulting in a decreased hypoglycemic activity. A possible disulfiram-like effect may be produced in certain diabetics. With phenformin, a severe state of lactic acidosis may be produced with alcohol and should therefore be avoided.
Antihistamines	
Ethylenediamines (tripelennamine, methapyrilene, etc.), Ethanolamines (diphenhydramine, diphenylpyraline, etc.), Propylamines (brompheniramine maleate, chlorpheniramine maleate, triprolidine HCl, etc.), Phenothiazines (promethazine, etc.)	Increased sedative effects with the combination but will vary with the class of antihistamine.

Antihypertensive Agents Rauwolfia alkaloids (reserpine, deserpidine, etc.) Guanethidine, Alpha-methylodopa, Ganglionic blocking agents (mecalyamine, etc.), Hydralazine, pargyline	An increase in the blood pressure lowering effects may be noted with this combination with the possibility of producing postural hypotension. Additionally, an increased CNS depressant effect may be seen with the rauwolfia alkaloids and alpha methyldopa.
Anticoagulants Enolic (bishydroxycoumarin, warfarin sodium, phenprocoumon, acenocoumarol) Indanediones (phenindione, anisindione, diphenadione)	Alcohol may decrease the anticoagulant effects through enzymatic stimulation. Alcohol also may decrease liver function when consumed chronically and may lead to a decreased clotting factor synthesis.
Anticonvulsants Diphenylhydantoin	The anticonvulsant activity of diphenylhydantoin has been reported to be decreased through enzymatic stimulation by alcohol.
Antidepressants Tricyclic (imipramine, desipramine, norpramine, amitriptyline, protriptyline) Doxepin Monoamine Oxidase Inhibitors (tranylcypromine, niamide, phenelazine, isocarboxazid, pargyline)	With the tricyclic antidepressants and doxepin, increased CNS depression. Alcohol may also adversely affect motor skills particularly during the 1st few days of TCA therapy. With the monoamine oxidase inhibitors, increased sedative effects with a possibility of a disulfiram-like effect. Certain alcohol preparations (Chianti wine, in particular) may also be responsible for precipitating a hypertensive crisis.
Antiinfective Agents Sulfonamides Metronidazole Nitrofurans (furazolidone, nifuroxime)	Possible disulfiram-like effect. Possible disulfiram-like effect. Possible disulfiram-like effect.
Cycloserine	Possible precipitating of convulsions when combined with alcohol.
Central Nervous System Stimulants	
Amphetamines, caffeine, methylphenidate, etc.	Possible antagonism of CNS depressant effects of alcohol but no improvement of impaired motor coordination. May result in false sense of security.
Diuretics Thiazide (chlorothiazide, hydrochlorothiazide, methyclothiazide, etc.), Thiazide-like (chlorthalidone, quinethazone, etc.) Furosemide, Ethacrynic Acid, etc.	May produce an increase in blood pressure lowering effects from the diuretics and may possibly precipitate postural hypotension.
Sedative-Hypnotics Barbiturates (phenobarbital, pentobarbital, secobarbital, amobarbital, butabarbital, etc.) Nonbarbiturates (glutethimide, chloral hydrate, chlorbetaine, methaqualone, ethchlorvynol, flurazepam, etc.) Bromides	Combination can result in increased CNS depression with possible coma and respiratory arrest. Chronic alcohol consumption can produce a cross-tolerance to sedative effects but NOT to the respiratory depressive effects. Possible fatal results.

Tranquilizers	
Minor (chlordiazepoxide, diazepam, oxazepam, meprobamate, tybamate, phenaglycodol, hydroxyzine, etc.)	Increased CNS depression, particularly during the first few weeks of therapy with tranquilizers. Very well documented.
Major (phenothiazines, etc.)	Increased CNS depression with impairment of motor skills, particularly during first few weeks of therapy.
Vitamins	
Cyanocobolamin (B_{12}), Thiamine HCl (B_1), Folic acid, Fat-soluble Vitamins (A, D, E, K)	Chronic alcohol consumption can result in decreased absorption from GI tract. Reversible when alcohol is withdrawn.

— developed by the Texas Pharmaceutical Association

WHAT IS THE ALCOHOL CONTENT OF BEER IN YOUR STATE?

USBA SPECIAL INFORMATION Revised 2/70 ALCOHOLIC CONTENT

ALCOHOLIC CONTENT Beer and Other Malt Beverages

	Minimum	Maximum
ALA	.5% by volume	4% by weight
ALASKA	1% by volume	no limit
ARIZ	.5% by volume	no limit
ARK	no minimum	5% weight (over 5%; higher licenses, lower tax)
CAL	.5% by volume	beer, 4% by weight; ale, etc., no maximum
COLO	no minimum	3.2% wt.; over 3.2% ("Malt Liquor"), higher licenses
CONN	.5% by volume	no limit
DEL	.5% by volume	no limit
D.C.	.5% by volume	no limit
FLA	1% by weight	dry counties 3.2% wt., elsewhere no limit
GA	no minimum	6% by volume
HAWAII	.5% by volume	no limit
IDA	no minimum	4% by weight (over 4%, state stores)
ILL	.5% by volume	no limit (local option may limit to 4% by weight)
IND	no minimum	no limit
IOWA	no minimum	4% by weight
KANS	no minimum	3.2% wt., over 3.2 in liquor stores, package only
KY	1% by volume	no limit (local option may limit to 3.2% by weight)
LA	.5% by volume	6% by volume (over 6%, higher licenses); dry areas, 3.2% by weight
ME	.5% by volume	no limit
MD	.5% by volume	no limit (except Harford County; 6% by volume)
MASS	.5% by volume	12% by weight
MICH	.5% by volume	no limit
MINN	.5% by volume	3.2% by weight; over 3.2% higher licenses and tax
MISS	no minimum	4% by weight
MO	.5% by volume	3.2% wt.; "malt liquor" (over 3.2%), 5% by wt.
MONT	no minimum	4% by weight (over 4%, state stores)
NEBR	no minimum	no limit
NEV	.5% by volume	no limit
N.H.	1% by volume	6% by volume (over 6%, state stores)
N.J.	.5% by volume	no limit
N.M.	.5% by volume	no limit
N.Y. (Tax Law)	.5% by volume	no limit
N.C.	.5% by volume	5% by weight
N.D.	no minimum	no limit
OHIO	.5% by weight	3.2% by wt.; malt liquor over 3.2, max. 7% wt.
OKLA	.5% by volume	3.2% by wt.; over 3.2 in liquor stores, package only
ORE	.5% by volume	beer, 4% wt.; other malt beverages, 8% wt.
PENN	.5% by volume	no limit
R.I.	.5% by weight	no limit
S.C.	no minimum	5% by weight
S.D.	no minimum	"non-intoxicating," 3.2% wt. "high point," 6% wt.
TENN	no minimum	5% by weight (over 5%, higher licenses and tax)
TEX	.5% by volume	4% by wt. (over 4%, higher licenses and tax)
UTAH	.5% by weight	3.2% by wt. (over 3.2%, state stores)
VT	1% by volume	6% by volume (over 6%, state stores)
VA	.5% by volume	dry area 3.2% by wt., elsewhere no limit
WASH	.5% by volume	4% wt. (over 4%, state stores and liquor licenses)
W. VA	no minimum	3.2% by weight
WIS	.5% by volume	5% by wt. (over 5%, higher licenses, same tax)
WYO	1% by volume	no limit

THE MEANING OF PROOF

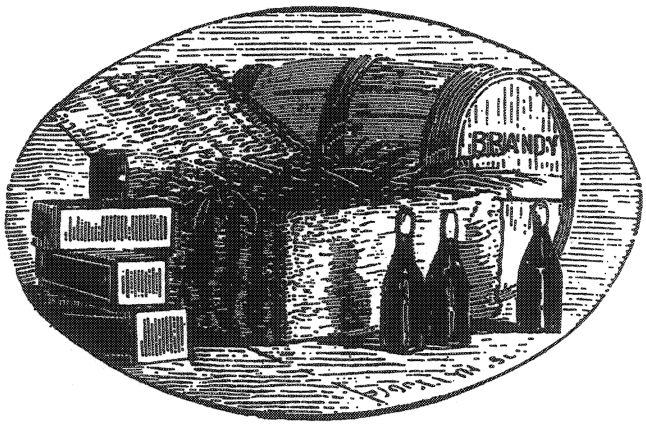
"Proof" is the standard measure of the alcohol content of spirits. In the United States and Canada this measure is exactly twice the percentage of alcohol that a given spirit contains. Thus, pure alcohol (possible only under laboratory conditions) would be 200 proof, whereas a spirit that is half alcohol is 100 proof.

Hundred-proof liquor is known as "proof spirit" because of a crude but serviceable technique by which some early distillers determined drinking strength. They mixed a sample of the spirit with gunpowder and tried to light it. If the mixture would not ignite, the distillate was considered too weak; if an overly bright flare leaped up, the spirit was too potent. A steady blue flame denoted a distillate of proper strength for drinking; spirits yielding such a flame were said to have been "proved."

When laboratory techniques came to be applied, it turned out that such "proof spirits" were 50 per cent alcohol, more or less. This figure was accordingly designated 100 proof in the arbitrary standard by which proof is reckoned in the United States. (Different, but equally arbitrary, systems are used in some other countries.)

An awareness of proof is important to consumers, not only because of its obvious effect on the intoxicating quality of a drink, but also because of its effect on liquor prices. A large fraction of the cost of liquor represents the U.S. Internal Revenue tax and corresponding state taxes. These taxes are levied in direct proportion to proof. In New York State, for example, which has a rather typical alcohol tax, the price of a 100-proof fifth of liquor includes about $2.77 in Federal and state taxes, but an 80-proof fifth pays only $2.33. As a conscientious buyer, you would normally be alert to the differences in bottle size – a quart instead of a fifth, for example – but you might well assume that competing bottles lined up on a shelf had the same proof. Or expect a standard proof on a brand you buy regularly. However, a distiller can, at his discretion, cut back on proof without making a corresponding cut in his price, thus concealing what amounts to a price increase.

Copyright 1972 by Consumers Union of United States, Inc., Mount Vernon, N.Y. 10550. Reprinted by permission from *The Consumers Union Report on Wines and Spirits* – 1972.



APPENDIX D
RECIPES

PARTY RECIPES

First here are some party food and drink recipes that we might want to try when entertaining. These are just to get us thinking though – let's use some culinary imagination!!

The amounts called for in these recipes can be adjusted (doubled or whatever) according to the size of the group we're expecting.

Hot Meat Balls

1 pound ground beef
¼ pound ground pork
½ cup diced bread crumbs
½ cup minced parsley
1½ teaspoons salt
¼ teaspoon black peeper
⅛ teaspoon tabasco
1 teaspoon basil
½ teaspoon minced garlic
3 eggs
2 tablespoons grated Parmesan cheese

Mix all the ingredients together until well blended. Shape into walnut-sized balls. Arrange on a greased baking pan. Bake in a 400° oven 30 minutes. Serve hot, on toothpicks, with mustard or a cocktail sauce.

Makes about 42.

Liverwurst Dip

Mash 1 pound of liverwurst and thin it down with sour cream. Add one onion grated, 2 tablespoons of finely chopped dill pickle and a tablespoon of sharp prepared mustard. Add salt and pepper to taste.

Blue Cheese Dip

Mash ¼ pound of sharp blue cheese and thin it with 1 cup of sour cream. Add a medium size grated onion and 1 teaspoon of freshly ground black pepper.

The two above dips can be served with raw, crisp vegetables (radishes, carrots, celery, etc.), potato chips, crackers, or bread sticks.

Bacon Snacks

2 slices bacon
½ green pepper, chopped
¼ cup sharp Cheddar cheese, grated
½ small onion, finely chopped
½ teaspoon dry mustard
1 teaspoon Worcestershire sauce

Mix all ingredients. Spread on party rye bread. Bake at 325°-350° for 15-20 minutes. Serve hot.

Hammed-up Mushrooms

Wash and remove stems from 4 dozen medium-sized mushrooms. Sauté caps in 3 tablespoons butter. Make a mixture of 2 cups ground ham (or ham and mushroom stems), ½ cup sour cream, ½ teaspoon salt, and ¼ teaspoon pepper. Stuff caps and refrigerate. When ready to serve, sprinkle with bread crumbs or Parmesan cheese. Heat at 350° for 10 minutes.

Duchess Crab

Blend the following ingredients:
8 oz. canned or frozen crabmeat
8 oz. cream cheese
dash Worcestershire sauce
1 tablespoon minced shallots or onions (optional)

Mix for cocktail sauce:
Catsup
Horseradish
Lemon juice

Place crabmeat spread in small bowl and pour sauce on top. Place on hors d'oeuvre tray with crackers.

Appetizer Chicken

Blend the following ingredients:
1 cup cooked chicken, chopped
5 tablespoons mayonnaise
2 tablespoons sweet pickle relish
1 tablespoon finely chopped onion
1 teaspoon capers (optional)
salt and pepper to taste

Mix well. Chill. Serve as a spread with crackers.

Curried Salmon Spread

1 can (4½ oz.) Salmon
1 tablespoon finely chopped onion
3 tablespoons sour cream
1 tablespoon mayonnaise
½ teaspoon curry powder
½ teaspoon grated orange rind

Discard any bones from salmon and mash well with a fork. Add all other ingredients. Mix. Chill in covered bowl for one hour. Serve with toast rounds or crackers.

If we are going to serve an alcoholic punch, it should be made with a non-carbonated base. Here is one idea:

Winning Tea Punch

½ cup 100% instant tea
2 quarts water
1 6-oz. can frozen limeade
1 6-oz. can frozen lemonade
1 6-oz. can frozen pineapple juice concentrate
1 pint cranberry juice cocktail

In a punch bowl, combine instant tea, water, concentrates and cranberry juice. Just before serving, add ice. Makes more than 1 gallon or 25 five-ounce servings.

The Counter-Cocktail

Spirited Drinks Without the Spirits

Why is it that only alcoholic drinks have exotic, devil-may-care names? Somehow there's the implication that nonalcoholic beverages are simply too dull and drab to deserve zingy titles. So while drinkers have the fun of ordering "Zombies" and "Pink Ladies" and "Stingers" and "Grasshoppers," the hapless teetotaler is left with losers like "tomato juice" and "ginger ale" and "root beer on the rocks."

It must be admitted, however, that most nonalcoholic drinks served at parties really deserve their tame titles. After all, does plain old tomato juice really merit any other name? To give nonalcoholic beverages the status they deserve — and to give nondrinkers a chance to order something more seductive than gingerale — some "alternative" drinks have been created with names that do them justice. Who knows, maybe even a few drinkers will get interested. . .

Carioca Fizz
(Irish Coffee's booze-less cousin)
(2 servings)

½ teaspoon instant coffee
½ teaspoon sweetened chocolate-flavored drink mix
½ teaspoon sugar
½ cup water
1 bottle (10 ounces) bitter-lemon carbonated beverage
4 orange slices
4 maraschino cherries

Combine instant coffee, chocolate flavored drink mix, sugar, and water in a cup, stir until sugar is fully dissolved. Pour over ice (2 glasses), fill with bitter-lemon, garnish with orange and cherries.

Pilgrim's Progress
(What to imbibe when ye abstain)
(3 servings)

16-ounce bottle cranberry juice
1 pint 2 ounces pineapple juice (1 can)
Lemon slices

Mix pineapple and cranberry juices in large pitcher, pour over crushed ice in tall glasses, garnish with lemon slices.

Houdini Cocktail
(The alcohol has escaped)
(2 servings)

½ pint strawberry ice cream
1 cup milk
4 teaspoons bottled grenadine syrup
Whole strawberries

Beat ice cream and milk until foamy-thick in blender, pour into glasses. Pour 2 teaspoons grenadine syrup

from spoon down inside each glass (forms a bright crimson layer at the bottom). Garnish with strawberries.

Mohave
(Manhattan's dry alternative)
(8 to 10 servings)

1½ cups sugar
4 cups water
½ cup bottled lemon juice
½ cup bottled lime juice
2 bottles (12 ounces) ginger ale
Mint sprigs
Lime slices

Heat and stir sugar and water in saucepan until sugar is dissolved, cool to lukewarm. Stir in lemon and lime juices and pour into large pitcher. Mix in ginger ale, pour into tall glasses filled with ice. Garnish with sprig of mint and lime slice.

COOKING WITH WINE AND BEER

Frank's Mushroom Sauce

¼ lb. butter
3 oz. beef marrow (optional)
1 lb. chopped mushrooms
10 green onions (chopped)
Dry Red Wine

Sauté until tender, add wine to taste, and simmer.

Cheese Fondue

1 clove garlic
1½ cups Dry White Wine
2# coarsely grated swiss cheese
¼ cup all-purpose flour
½ tsp. salt
½ tsp. dry mustard
dash nutmeg
¼ cup Cognac, light rum, or Kirsch
2 med. size loaves French bread in cubes

Rub a 2 qt. chafing dish or electric skillet with garlic. Add wine, heat slowly over med. heat until tiny bubbles begin to form. Mix cheese lightly with flour; add cheese handful at a time, stirring after each addition until cheese is melted. Add seasonings and Cognac, stir well. Keep heat low enough to keep fondue bubbling slowly. If fondue becomes thick add a little *hot* wine.

Wine Cube Gelatin

1 envelope unflavored gelatin
½ cup Rhine wine
¼ cup sugar
1¼ cups Rhine wine
1 pint strawberries, halved and sweetened

Sprinkle gelatin over ½ cup wine in saucepan. Place over low heat and stir constantly till dissolved, about 3 min. Remove from heat and add sugar and 1¼ cups wine. Stir until clear. Pour into 9X5 loaf pan. Chill until firm. Cut into cubes. Layer in parfait glasses with strawberries and chill.

glazed chicken with rice stuffing[1]
[makes 6 servings]

1 chicken, 5-6 pounds
1 [7 oz.] package chicken flavor rice and vermicelli
¾ cup beer
1 cup water
2 tablespoons butter or margarine
½ cup finely chopped celery
1 tablespoon instant minced onion
1 teaspoon poultry seasoning
Glaze:
½ cup pineapple juice
½ cup beer
1 teaspoon curry powder

Prepare chicken and sprinkle inside and out with salt and pepper. Cook rice mix according to package directions using beer, water and butter. When rice is tender and liquid is absorbed, stir in celery, onion and poultry seasoning. Use rice mixture to stuff chicken. Skewer opening and place chicken on a rack in a shallow pan. Roast in a preheated 350°F. oven for 1½ hours or until drumstick moves up and down easily. Combine pineapple juice, beer and curry powder. Brush chicken with glaze frequently during roasting period.

fast meat loaf[1]
[makes 6 servings]

2 pounds lean ground beef
2 [.8 oz.] envelopes spaghetti sauce mix
1 cup beer
1 tablespoon instant minced onion
¼ teaspoon garlic powder
1 cup bread stuffing mix

Combine meat with all other ingredients and mix well. Shape into a loaf and place in a shallow baking

[1] The United States Brewer's Association, *The Secret Ingredient in Cooking.*

pan. Bake in a preheated oven at 350°F. for 1 hour or until richly browned. If desired, after 30 minutes loaf may be covered with 4 strips bacon. Let cool for 10 minutes before slicing. [This makes a firm meat loaf which can be cut into thin slices, hot or cold. Excellent cold for sandwiches. Mixture can also be shaped into meatballs or hamburgers.]

beery green beans[2]
[makes 6 servings]

3 [9 oz.] packages frozen cut green beans
2 red onions, sliced
¼ cup cider vinegar
3 tablespoons beer
⅔ cup salad oil
1 [.8 oz] envelope blue cheese salad dressing mix
1 small head iceberg lettuce

Cook green beans as directed on package. Drain and cool. Toss with onion rings and chill. Combine vinegar, beer, oil and salad dressing mix. Beat until smooth. Line a salad bowl with lettuce leaves. Mix green beans, onions and salad dressing. Pour mixture into lined salad bowl. Serve at once.

shrimp in beer[2]
[makes 4-6 servings]

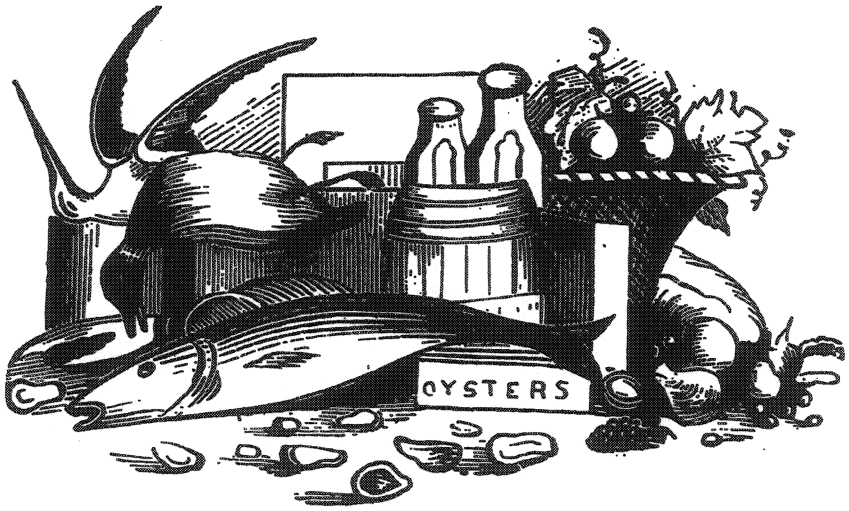
1 quart beer
4 tablespoons lemon juice
2 teaspoons salt
1 teaspoon whole peppercorns
1 teaspoon dried tarragon
2 pounds raw shrimp in shells

Combine beer with seasonings in a saucepan. Bring to a boil and simmer 10 minutes. Add shrimp and bring back to a boil. Lower heat and simmer 2 to 5 minutes, until shrimp turn pink. Drain, cool and shell shrimp.

brewed cocktail franks[2]
[makes about 26 franks]

2 cups beer
2 onions, sliced
2 carrots, sliced
1 celery stalk, sliced
1 teaspoon Worcestershire sauce
1 pound cocktail franks

Place beer, vegetables and Worcestershire sauce in large saucepan. Bring to a boil and when foam subsides, simmer for 10-15 minutes to blend flavors. Add franks and bring back to a boil. Turn off heat; cover and let stand for 5 to 10 minutes. Remove franks and serve hot.



[2]The United States Brewer's Association, *The Secret Ingredient in Cooking.*

APPENDIX E
REFERENCES & RESOURCES

SELECTED REFERENCES

Milgram, Gail Gleason. *Alcohol Education Materials.* Publications Division, Rutgers Center of Alcohol Studies, New Brunswick, N.J., 1975.

Plaut, Thomas. *Alcohol Problems: A Report to the Nation.* Oxford University Press, N.Y., 1967.

Wilkinson, Rupert. *The Prevention of Drinking Problems, Alcohol Control and Cultural Influences.* Oxford University Press, N.Y., 1970.

Jessor, Richard, and Jessor, Shirley L. Adolescent Development and the Onset of Drinking. *Journal of Studies on Alcohol,* Vol. 36, No. 1, 1975.

The following four publications are available from:

Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402.

Alcohol and Health. U.S. Department of Health, Education, and Welfare, 1971, Stock #1724-0193.

Alcohol and Health; New Knowledge. U.S. Department of Health, Education, and Welfare, 1974. Stock #1724-0399.

Alternative Pursuits for America's Third Century: A Resource Book on Alternatives to Drugs, U.S. Department of Health, Education, and Welfare, 1974. Stock #1724-00333.

Jessor, Richard. Remarks on drinking in youth. *Proceedings of the First Annual Alcoholism Conference.* Washington, D.C., National Institute on Alcohol Abuse and Alcoholism, June 25-26, 1971. pp. 258-261.

The following four publications are available from:

Social Research Group, School of Public Health, University of California, Berkeley, Calif. 94720

Cahalan, Donald. *Implications of American Drinking Practices and Attitudes for Prevention and Treatment of Alcoholism.*

Room, Robin. *Prevention – Of What?*

Room, Robin. *Governing Images and Prevention of Alcohol Problems.*

Room, Robin. *Minimizing Alcohol Problems.*

The following papers may be obtained from the address after each citation.

Beauchamps, Dan. "Beyond Alcoholism: Public Health Perspectives on Alcohol Problems." Department of Health Administration, School of Public Health, University of North Carolina, Chapel Hill, N.C. 27514.

Edwards, Griffith. "Alternative Strategies for Minimizing Alcohol Problems." Addiction Research Unit, Institute of Psychiatry, 101 Denmark Hall, London, S.E.S., England.

Gusfield, Joseph. "The Prevention of Drinking Problems." University of California, San Diego, Calif.

Keller, Mark. "Alcohol. . .Because" The Center of Alcohol Studies, Rutgers University, New Brunswick, N.J. 08903.

Operation Threshold: The Grassroots Manual on the Prevention of Alcohol Problems. 1974. U.S. Jaycees, Box 7, Tulsa, Okla. 74102.

Small, Jacqueline. "Becoming Naturally Therapeutic: A Handbook on the Art of Counseling with Specific Applications to Alcoholism Counselors." 809 Sam Houston Building, Austin, Tex. 78701.

This next publication is available from:

Public Communication Group
Highway Safety Research Institute
University of Michigan
Ann Arbor, Mich. 48105

Grimm, Ann C., *Alcohol/Safety Public Information Materials Catalog, Number 3.* Highway Safety Research Institute, Ann Arbor, Mich. 1975.

The *Materials Catalog* is designed for use by persons developing new public information programs on alcohol and highway safety. It lists materials produced for previous campaigns along with journal articles and reports describing and evaluating such programs. Materials and reports listed in the catalog may be borrowed free of charge.

STATE ALCOHOL AGENCIES

Alabama State Alcoholism Program
145 Moulton Street
Montgomery, Alabama 36104
Phone: (205) 265-2301

Division of Family and Childrens' Services
Office of Alcoholism
Pouch H05F
Juneau, Alaska 99801
Phone: (907) 586-6201

Division of Behavioral Health Services
Alcoholism Program
2500 East Van Buren Street
Phoenix, Arizona 85008
Phone: (602) 271-4525

Office on Alcohol Abuse and Alcoholism
1515 West 7th Street, Suite 202
Little Rock, Arkansas 72202
Phone: (501) 371-2003

Office of Alcohol Program Management
825 - 15th Street
Sacramento, California 95814
Phone: (916) 445-1940

Alcohol and Drug Abuse Division
4210 East 11th Avenue
Denver, Colorado 80220
Phone: (303) 388-6111

Connecticut State Alcohol Council
90 Washington Street
Hartford, Connecticut 06115
Phone: (203) 566-3464

Alcoholism Services
3000 Newport Gap Pike
Wilmington, Delaware 19808
Phone: (302) 998-0483

Bureau of Alcoholism Treatment and Prevention
1875 Connecticut Avenue, N.W.
Washington, D.C. 20009
Phone: (202) 629-3025

Division of Mental Health
Bureau of Alcoholic Rehabilitation
1309 Winewood Boulevard, Room 336
Tallahassee, Florida 32301
Phone: (904) 488-9955

Guam Memorial Hospital
Agana, Guam 96910

Division of Mental Health
Alcohol and Drug Abuse Services Section
618 Ponce DeLeon Ave., N.E.
Atlanta, Georgia 30308
Phone: (404) 894-4785

Substance Abuse Agency
1270 Queen Emma Street
Room 404
Honolulu, Hawaii 96813
Phone: (808) 548-7655

Bureau of Substance Abuse
Statehouse, LBJ Building
Boise, Idaho 83720
Phone: (208) 384-3340

Department of Mental Health and Developmental Disabilities
Alcoholism Division
188 West Randolph Street, Room 1900
Chicago, Illinois 60601
Phone: (312) 793-2907

Division of Addiction Services
Five Indiana Square
Indianapolis, Indiana 46204
Phone: (317) 633-4477

Division on Alcoholism
Lucas State Office Building
Des Moines, Iowa 50319
Phone: (515) 281-5604

Alcohol Abuse Unit
535 Kansas Avenue, Room 1106
Topeka, Kansas 66603
Phone: (913) 296-3991

Bureau for Health Services
275 East Main Street
Frankfort, Kentucky 40601
Phone: (502) 564-3970

Bureau of Substance Abuse
200 Lafayette Street
Seventh Floor, Weber Building
Baton Rouge, Louisiana 70801
Phone: (504) 389-2534

Bureau of Rehabilitation
Office of Alcoholism and Drug Abuse Prevention
32 Winthrop Street
Augusta, Maine 04330
Phone: (207) 289-2141

Division of Alcoholism Control
201 W. Preston Street
Baltimore, Maryland 21201
Phone: (301) 383-2784

Division of Alcoholism
755 Boylston Street
Boston, Massachusetts 02116
Phone: (617) 536-6983

Office of Substance Abuse Services
3500 North Logan Street
Lansing, Michigan 48914
Phone: (517) 373-8600

Chemical Dependency Program Division
Metro Square Building, Room 402
St. Paul, Minnesota 55101
Phone: (612) 296-4610

Division of Alcohol Abuse and Alcoholism
125 Lelia Court
Jackson, Mississippi 39216
Phone: (601) 982-6436

Division of Alcoholism and Drug Abuse
P.O. Box 687
2002 Missouri Boulevard
Jefferson City, Missouri 65101
Phone: (314) 751-4122

Addictive Diseases Bureau
1539 11th Avenue
Helena, Montana 59601
Phone: (406) 449-2827

Division of Alcoholism
Box 94728
Lincoln, Nebraska 68509
Phone: (402) 471-2231

Bureau of Alcohol and Drug Abuse
505 E. King St., 5th Floor
Kinkead Building
Carson City, Nevada 89701
Phone: (702) 885-4790

Program on Alcohol and Drug Abuse
61 South Spring Street
Concord, New Hampshire 03301
Phone: (603) 271-3531

Alcoholism Control Program
P.O. Box 1540, John Fitch Plaza
Trenton, New Jersey 08625
Phone: (609) 292-8947

New Mexico Commission on Alcoholism
113 Washington Avenue
Santa Fe, New Mexico 87503
Phone: (505) 827-2595

Division on Alcoholism
44 Holland Avenue
Albany, New York 12208
Phone: (518) 474-5417

Division on Mental Health Services
Alcohol and Drug Services
P.O. Box 26327
Raleigh, North Carolina 27611
Phone: (919) 829-4670

Division of Alcoholism and Drug Abuse
909 Basin Avenue
Bismarck, North Dakota 58505
Phone: (701) 224-2767

Alcoholism Unit
450 East Town Street
P.O. Box 118
Columbus, Ohio 43216
Phone: (614) 446-3445

Division on Alcoholism
408-A North Walnut Street
Oklahoma City, Oklahoma 73105
Phone: (405) 521-2811

Mental Health Division
Programs for Alcohol and Drug Problems
2570 Center Street, N.E.
Salem, Oregon 97310
Phone: (503) 378-2163

Governor's Council on Drug and Alcohol Abuse
Office of the Governor
Commonwealth of Pennsylvania
2101 North Front Street
Harrisburg, Pennsylvania 17110
Phone: (717) 787-9857

State Alcoholism Program
Box B-Y
Rio Piedras, Puerto Rico 00928
Phone: (809) 763-7575

Services for Alcoholics
The Aime J. Forand Building
600 New London Avenue
Cranston, Rhode Island 02920
Phone: (401) 464-3291

Comprehensive Health Planning
Pago Pago, American Samoa

South Carolina Commission on Alcohol and Drug Abuse
P.O. Box 4616
Landmark East
3700 Forest Drive, Suite 300
Columbia, South Carolina 29240
Phone: (803) 758-2521

Division of Alcoholism
Office Building No. 2
State Capitol
Pierre, South Dakota 57501
Phone: (605) 224-3459

Section on Alcohol and Drugs
Capitol Blvd. Building
226 Capitol Blvd.
Nashville, Tennessee 37219
Phone: (615) 741-1921

Texas Commission on Alcoholism
809 Sam Houston State Office Building
Austin, Texas 78701
Phone: (512) 475-2577

Division of Mental Health
Saipan, Mariana Islands 96950

Division of Alcoholism and Drugs
554 South 300 East Street
Salt Lake City, Utah 84111
Phone: (801) 328-6532

Alcohol and Drug Abuse Division
81 River Street
Montpelier, Vermont 05602
Phone: (802) 828-2721

Bureau of Alcohol Studies and Rehabilitation
James Madison Building
109 Governor Street
Richmond, Virginia 23219
Phone: (804) 770-3082

Mental Health Services
P.O. Box 1442
St. Thomas, U.S.
Virgin Islands 00801
Phone: (809) 774-0117

Office of Alcoholism
P.O. Box 1788
Olympia, Washington 98504
Phone: (206) 753-5866

Division on Alcoholism and Drug Abuse
State Capitol
Charleston, West Virginia 25305
Phone: (304) 348-3616

Bureau of Alcoholism and Other Drug Abuse
1 West Wilson Street
Madison, Wisconsin 53702
Phone: (608) 266-3442

Mental Health and Mental Retardation Services
State Office Building
Cheyenne, Wyoming 82001
Phone: (307) 777-7351

STATE PREVENTION COORDINATOR PROGRAM

The goal of this program is the reduction of drinking problems through positive measures directed at how people drink, their attitudes toward drinking, and their welfare while drinking. A majority of the States presently have prevention coordinators.

In the NIAAA prevention training program, the State coordinators are prepared for giving direction to programing related to public education, public discussion, a community study of its drinking patterns, the development of strategies to prevent drinking problems, and other actions designed to minimize the abuse of alcoholic beverages. The training program highlights the importance of primary prevention, the need for community organizational skills and the significance of strategies that modify the social environment.

To contact your State prevention coordinator, write or call the State alcohol authority in your State capital.

SUMMER SCHOOLS OF ALCOHOL/DRUG STUDIES

These schools, which are not all necessarily held in the summer, usually run for a duration of 1 to 2 weeks. The specific dates, as well as other information, can be secured by writing to the school(s) of your choice. This list, in which the schools are listed in alphabetical order by State, is not meant to be inclusive. Information regarding summer schools can also be obtained by writing to individual State alcohol agencies.

Southwestern School of Alcohol Studies
College of Pharmacy
University of Arizona
Tucson, Arizona 85721

Mid-South Summer School on Alcohol Problems
7th & Hooper Streets
Little Rock, Arkansas 72201

Summer School on Alcohol & Other Drugs
Berkeley Center for Alcohol Studies
1798 Scenic Avenue
Berkeley, California 94709

San Diego Summer School of Alcohol Studies
University of California Extension, Department of Alcohol Studies
P.O. Box 109
La Jolla, California 92307

Delaware Institute on Alcoholism
Continuing Education-Clayton Hall C
University of Delaware
Newark, Delaware 19711

Florida School of Alcohol Studies
Alcoholism Treatment & Research Center
P.O. Box 1147
Avon Park, Florida 33825

Kentucky School of Alcohol Studies
Alcohol Section, Room 201
275 E. Main
Frankfort, Kentucky 40601

Maryland Institute of Alcohol Studies
Division of Alcoholism Control
201 West Preston Street
Baltimore, Maryland 21201

Minnesota School on Chemical Dependency
Alcohol/Drug Authority
402 Metro Square Building
St. Paul, Minnesota 55101

Johnson Institute Workshop on Alcohol and Drug Abuse
7325 Wayzata Boulevard
Minneapolis, Minnesota 55426

Nebraska School on Alcohol Studies
University of Nebraska Extension Division
Box 94728
Lincoln, Nebraska 68598

Nevada School on Alcohol Studies & Drug Abuse
Bureau of Alcohol/Drug Abuse
1803 N. Carson Street
Carson City, Nevada 89701

Rutgers Summer School of Alcohol Studies
Rutgers Center of Alcohol Studies
Smithers Hall
New Brunswick, New Jersey 08903

Institute on Alcohol Studies
Western New Mexico University
Silver City, New Mexico 87061

New York State Alcohol Institutes
Division of Alcoholism
44 Holland Avenue
Albany, New York 12229

International School of Alcohol Studies
Division of Alcoholism/Drug Abuse
320 Avenue B, East
Bismarck, North Dakota 58505

Kathryn Cornell School of Alcohol & Other Drug Studies
School of Sociology and Anthropology
University of Tulsa
2121 S. Columbia
Tulsa, Oklahoma 74114

Southern Oregon Institute of Alcoholic Studies
1650 Fruitdale Drive
Grant Pass, Oregon 97526

Eastern Pennsylvania Institute of Alcohol Studies
2101 N. Front Street
Riverside Building #1
Harrisburg, Pennsylvania 17110

South Carolina School of Alcohol & Drug Studies
P.O. Box 4616
Columbia, South Carolina 29240

Texas Institute of Alcohol Studies
Texas Commission on Alcoholism
809 Sam Houston State Office Building
Austin, Texas 78701

University of Utah School on Alcoholism & Other Drug Dependencies
P.O. Box 2604
Salt Lake City, Utah 84110

Annual Middle Atlantic Institute for Alcohol & Other Drug Studies (Also, Alcoholism Institute for Professionals)
3202 W. Cary Street
Richmond, Virginia 23221

Virginia Commonwealth University
Department of Rehabilitation Counseling, Alcohol Education Program
812 W. Franklin Street
Richmond, Virginia 23284

West Virginia School of Alcohol & Drug Abuse Studies
Division of Alcoholism & Drug Abuse
Department of Mental Health-State Capitol
Charleston, West Virginia 25305

Carthage Addiction Institute, Alcoholism Center
Carthage College
Kenosha, Wisconsin 53140

Summer Institute on Community Alcoholism Programming
University of Wisconsin
322 Lowell Hall
610 Langdon Street
Madison, Wisconsin 53706

Annual Conference of Canadian Federation on Alcohol & Drug Dependencies
33 Russell Road
Toronto, Canada M5S 2S1

Summer School on Alcohol & Drugs
Alcohol/Drug Abuse Commission
812 16th Avenue, S.W.
Calgary
Alberta, Canada T2R OT2

DRUG DEPENDENCE INSTITUTE

The Drug Dependence Institute (DDI) is a component of the Yale University Department of Psychiatry. Administratively, the Institute is also part of the Connecticut Mental Health Center, Training and Consultation Division.

DDI's support comes through grants and awards from the National Institute on Drug Abuse (NIDA). Its principal charge is to offer training related to the treatment and prevention of drug dependence.

The Training Program

For the past 5 years the Drug Dependence Institute has been running drug dependence orientation and training programs for educators, students, medical personnel, community workers and leaders, lawyers, social workers and supportive personnel. These trainees return to their communities to act as change agents – changing the practices and structures that breed self-destructive behavior.

Major emphasis is given to 1-week, full-time internship programs. Trainees spend 1 week in New Haven studying and working in a demanding, intensive program. Trainees are exposed to the pertinent literature in the field, to ex-addicts and

addicts in treatment, to many of the leading theoreticians and practitioners in the field of drug dependence, and to new skills related to their employment.

A typical day begins at 9:00 a.m. and ends at 9:30 p.m. Training groups normally consist of 24 to 30 people which may include educators, adolescents, administrators, physicians, psychologists, social workers, clergy, probation officers, recreation supervisors, housewives and policemen. Other groups are composed chiefly of clinicians, counselors, women or administrators.

Registration

Regular training programs are offered throughout the year and special programs are offered upon request. Applications are evaluated on the basis of need and commitment. DDI courses are tuition-free, but a $10 reservation fee is required. This fee is returnable upon completion of the program.

Course schedules, application forms, and further information can be obtained by writing to:

Yale University
Drug Dependence Institute
1211 Chapel Street
New Haven, Connecticut 06511

AREA ALCOHOL EDUCATION AND TRAINING PROGRAMS

Created to meet the needs for training personnel for alcohol prevention and treatment programs, the four Area Alcohol Education and Training Programs (AAETPs) may be a resource to check with to discover what training programs operate in your area, who could assist you with a program you are planning, or possibly provide financial support in the form of a mini-grant for your education or training project.

EAST

EAAETP
Box 512
Bloomfield, Conn. 06002
203/243-8326

MIDWEST

MAAETP
180 N. Michigan Avenue
Chicago, Illinois 60601
312/782-0073

WEST

WAAETP
128 Terminal Way
Suite 120
Reno, Nevada 89502
702/786-3610

SOUTH

SAAETP
776 B Juniper Street, N.E.
Atlanta, Georgia 30309
404/875-7196

ALCOHOL INDUSTRY PUBLICATIONS

Much information on alcohol and drinking can be obtained from industry sources. Many of their brochures and booklets are well done and stress responsible drinking themes.

Wine Institute
717 Market Street
San Francisco, California 94103

United States Brewers Association, Inc.
1750 K Street, N.W.
Washington, D.C. 20006

Distilled Spirits Council of the United States (DISCUS)
1300 Pennsylvania Building
Washington, D.C. 20004

National Licensed Beverage Association (NLBA)
1025 Vermont Avenue, N.W., Suite 601
Washington, D.C. 20005

☆ U. S. GOVERNMENT PRINTING OFFICE : 1976 2

DHEW Publication No. (ADM) 76-361
Printed 1976